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THE TWO SIDES OF SOCIAL SUPPORT AT WORK: A SELF-DETERMINATION
THEORY PRESPECTIVE

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BY
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UNIVERSITÉ DU QUÉBEC À MONTRÉAL

LES DEUX FACES DU SOUTIEN SOCIAL LIÉ AU TRAVAIL:
UNE PERSPECTIVE SELON LA THÉORIE DE L'AUTODÉTERMINATION

THÈSE
PRÉSENTÉE
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RÉSUMÉ

Le soutien social a longtemps été étudié comme un facteur de protection contre le stress au travail (ex. Fullerton, McCarroll, Ursano, & Wright, 1992; Iversen et al., 2008; La Rocco & Jones, 1978; Regehr, Hill, & Glancy, 2000). Plusieurs chercheurs ont étudié les relations entre le soutien social, la santé et le bien-être chez des employés soumis à des niveaux élevés de stress (ex. Alexander & Klein, 2001; Meyer et al., 2012; Regehr, 2009). Le soutien social, cependant, n'a pas toujours l'effet désiré (ex. Deelstra et al., 2003; Hyman, 2004; Zellars & Perrewé, 2001). Alors que plusieurs auteurs ont fourni des exemples de comportements de soutien qui peuvent être néfastes (ex. Beehr, Bowling, & Bennett, 2010; Fisher & Nadler, 1976; La Gaipa, 1990; Shumaker & Brownell, 1984; Smith & Goodnow, 1999), peu d'auteurs ont présenté des modèles théoriques globaux afin d'expliquer ces résultats paradoxaux. De plus, nous constatons un manque de recherches empiriques qui évaluent la validité de ces différents modèles. La théorie de l'autodétermination (TAD; ex. Deci & Ryan, 1985), une métathéorie de la motivation humaine, permet pourtant d'expliquer ce phénomène. Le but de cette thèse est donc d'étudier le soutien social en lien avec les besoins fondamentaux et d'examiner sa relation avec la santé et le bien-être au travail.

Selon la TAD, les individus ont trois besoins psychologiques fondamentaux: le besoin d'affiliation sociale, de compétence et d'autonomie. Basé sur la TAD et la recherche sur le modèle motivationnel du bien-être au travail (MLM; ex. Blais, 2004), les comportements de soutien qui menacent les besoins fondamentaux devraient engendrer des problèmes de santé et une diminution du bien-être. L'inverse est également anticipé lorsque les trois besoins sont satisfaits.

Selon la TAD et le MLM, le soutien basé sur les besoins peut être conceptualisé selon six styles distincts: (a) trois styles qui satisfont les besoins – centré sur l'autonomie, sur la compétence ainsi que le style relationnel et (b) trois styles qui menacent les besoins – contrôlant, centré sur l'incompétence et non-relationnel. Le soutien qui satisfait les besoins peut être caractérisé par des comportements où, par exemple, l'individu perçoit que l'aidant se soucie réellement de lui (affiliation sociale), l'aide à reconnaître ses ressources à sa disposition (compétence) et l'aide à reconnaître, accepter et donner un sens à ses expériences (autonomie). Le soutien qui menace les besoins serait, par exemple, de donner des conseils d'une manière qui fait que l'individu se sent inadéquat (compétence), contrôlé (autonomie), non-important, jugé et/ou rejeté (affiliation sociale).

Le but de cette thèse est d'explorer, d'une part, le construit du soutien social basé sur les besoins et d'autre part, la relation de ce construit avec divers aspects de la santé et du bien-être

au travail. Deux études ont été menées afin d'examiner les relations entre le soutien basé sur les besoins et divers antécédents et conséquences.

L'objectif de la première étude est d'examiner la nature du soutien social basé sur les besoins et ses relations avec différents antécédents et conséquences liées à la santé et au bien-être au travail. Une nouvelle échelle, l'Inventaire des Styles de Soutien Centrés sur les Besoins (ISSCB), a été créée afin d'évaluer le soutien social basé sur les besoins. L'ISSCB évalue les styles de soutien qui satisfont et qui menacent les besoins provenant du superviseur, des collègues et la famille/partenaire. L'échantillon était composé de 288 agents correctionnels qui ont complété un questionnaire visant à évaluer les éléments suivants: la perception de l'employé en ce qui concerne les six styles de soutien social basé sur les besoins, le leadership, le harcèlement, l'impact des événements négatifs, les symptômes de stress post-traumatique, la détresse psychologique, l'épuisement émotionnel, l'engagement, la motivation, la satisfaction au travail, le coping, la satisfaction envers la vie et la santé physique. Les analyses statistiques soutiennent la fiabilité et la validité de l'ISSCB. La fiabilité des 18 sous-échelles sont supérieures à .70. La structure à six facteurs de l'échelle a été confirmée par des analyses factorielles confirmatoires pour chacune des trois sources de soutien. En outre, les sous-échelles pour les trois sources de soutien (superviseur, collègues et famille/partenaire) sont corrélées, comme prévu, avec les mesures des déterminants.

L'ensemble des corrélations identifiées dans cette étude soutiennent les avantages d'être exposé à un leadership et un soutien social qui satisfont les besoins fondamentaux. Le leadership et le soutien qui satisfont les besoins et qui proviennent des superviseurs et des collègues sont systématiquement corrélés négativement avec le stress au travail et corrélés positivement avec des stratégies de coping plus adaptatives. Ils sont également corrélés positivement avec des motivations plus autonomes et corrélés négativement avec des problèmes de santé liés au stress tels que l'épuisement émotionnel, les symptômes de stress posttraumatique et la détresse psychologique. Ces styles de leadership et de soutien sont également corrélés positivement avec la satisfaction globale au travail et la satisfaction envers la vie. De plus, ils sont corrélés négativement avec l'intention de démissionner et la présence de problèmes de santé physique.

L'objectif de la deuxième étude est de poursuivre l'étude des relations entre certains antécédents et conséquences du soutien social au travail basé sur les besoins. Des policiers ($n = 124$) ont rempli un questionnaire électronique afin d'évaluer les liens acheminatoires entre le style de leadership des superviseurs, le soutien social basé sur les besoins provenant des superviseurs et des collègues et différents problèmes de stress au travail. Les résultats des analyses acheminatoires par équations structurelles indiquent que plus l'employé perçoit que le style de leadership de ses superviseurs satisfait les besoins d'affiliation, de compétence et d'autonomie, plus il a tendance à percevoir que son superviseur offre également un style de soutien qui satisfait les besoins. Ce dernier prédit, par la suite, le style de soutien offert par les collègues. Le style de soutien des collègues ainsi que le style de leadership des superviseurs prédisent, à leur tour, le stress au travail, les symptômes de stress posttraumatique, la détresse

psychologique et l'épuisement émotionnel. Les analyses ont aussi fourni davantage d'information en ce qui concerne la fiabilité et la validité de l'ISSCB.

Le but de cette thèse est d'explorer la nature du construit du soutien basé sur les besoins ainsi que sa relation avec la santé et le bien-être au travail. La notion de satisfaction ou de menace des besoins fondamentaux a été utilisée afin de mieux comprendre les résultats paradoxaux rapportés dans la littérature, en ce qui concerne l'effet du soutien social. Les résultats de ces deux études suggèrent que la TAD est un cadre théorique utile afin de mieux comprendre ce phénomène. Les individus qui bénéficient d'un soutien qui satisfait les besoins sont moins susceptibles d'éprouver du stress au travail et ont plus tendance à adopter des styles de coping adaptatifs. En outre, ils sont moins à risque aux problèmes de santé liés au stress (ex. l'épuisement, la détresse psychologique, stress post-traumatique) et plus sujets à ressentir une augmentation du bien-être. Le soutien qui menace les besoins, malgré qu'il découle possiblement de bonnes intentions, est lié à une augmentation du stress et des styles de coping malsains. Dans ce cas, l'employé est aussi plus susceptible de développer des problèmes de santé liés au stress et un mal-être, par exemple, une diminution de la satisfaction de la vie et de la satisfaction globale au travail.

Cette thèse contribue à enrichir nos connaissances en explorant la nature du construit de soutien social basé sur les besoins ainsi que sa relation avec des antécédents et des conséquences liés au bien-être et à la santé au travail. Toutes les mesures utilisées dans les études étaient, cependant, de nature auto-rapportées et cela rend l'interprétation des résultats vulnérables au biais dû à la variance d'une méthodologie commune (*common method variance*). De plus, les deux études étaient de nature exploratoire et corrélationnelle et nous ne pouvons donc pas inférer des résultats une relation de cause à effet. Des études supplémentaires avec des échantillons plus importants sont nécessaires afin d'avoir une plus grande puissance statistique. Des analyses avec des données longitudinales seraient aussi souhaitables afin d'effectuer un test plus rigoureux de la validité du construit de soutien basé sur les besoins.

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NOTE

The Admission and Evaluation Sub-Committee of the graduate section of the Department of Psychology has granted the candidate permission to write the present thesis in English.

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ABSTRACT

Social support has long been studied as a buffer against occupational stress (e.g., Fullerton, McCarroll, Ursano, & Wright, 1992; Iversen et al., 2008; La Rocco & Jones, 1978; Regehr, Hill, & Glancy, 2000). Researchers have documented relationships between social support, health and well-being among employees in various high-stress occupations (e.g., Alexander & Klein, 2001; Meyer et al., 2012; Regehr, 2009). Social support, however, does not always have the desired effect (e.g., Deelstra et al., 2003; Hyman, 2004; Zellars & Perrewé, 2001). While several authors have provided examples of support behaviours which can be detrimental (e.g., Beehr, Bowling, & Bennett, 2010; Fisher & Nadler, 1976; La Gaipa, 1990; Shumaker & Brownell, 1984; Smith & Goodnow, 1999), relatively few have presented comprehensive theoretical frameworks to explain these paradoxical results. In addition, there remains a lack of empirical research assessing the validity of these different models. Self-Determination Theory (SDT; Deci & Ryan, 1985), a meta-theory of human motivation, can be used to explain this phenomenon.

According to SDT, individuals have three basic psychological needs: the need to experience relatedness, competence, and autonomy. Based on SDT and the research on the Motivational Leadership Model (MLM; e.g. Blais, 2004; Blais, Hess, Bourbonnais, Saintonge, & Riddle, 1995; Blais, Lachance, & Richer, 1992), support behaviours that thwart the basic needs are expected to lead to health problems and decreased well-being. The opposite is expected when the three needs are satisfied.

Following SDT and the MLM, need based support can be conceptualized along six separate support styles: (1) three need satisfying styles – autonomy centered, competence centered, and relational support styles and (2) three need thwarting styles – controlling, competence thwarting, and non-relational support styles. Need satisfying support can be characterized by helping behaviors where, for instance, the recipient believes that the provider genuinely cares for them (relatedness), the provider helps the recipient recognize the resources at their disposal (competence), and helps them acknowledge, accept, and make sense out of their experience (autonomy). Need thwarting support, for example, would be giving advice in a way that makes the person feel inadequate (competence), controlled (autonomy), unimportant, judged and/or rejected (relatedness).

The purpose of this thesis is thus to explore the concept of need based social support as well as its relationship with various aspects of health and well-being at work. Two studies were conducted in order to examine these relationships. A new scale, the Need Based Support Styles Inventory (NBSSI), was developed and tested as part of the first study. The NBSSI assesses the support styles (need satisfying or thwarting) of supervisors, colleagues, and family/partners. The

pattern of relationships found in the first study highlights the benefits of need satisfying leadership and social support. Need satisfying leadership and support styles were systematically positively correlated with positive outcomes. The opposite was also found in the case of need thwarting leadership and social support. Given the results of the first study, the objective of the second study was to further explore these relationships. In particular, a path model including need based social support, leadership, and stress-related health problems was tested and validated.

The results of both studies suggest that SDT provides a useful framework to better understand the contradictory findings in the literature. Recipients of need satisfying support are less likely to experience occupational stress and are more likely to engage in adaptive forms of coping. Furthermore, they are at a reduced risk for the development of stress-related health problems (e.g., burnout, psychological distress, PTSD) and are more likely to experience increased well-being. Need thwarting support, while it may stem from good intentions, is related to increased occupational stress and maladaptive coping styles. The employee is subsequently more likely to develop stress-related health problems and experience ill-being such as decreased work and life satisfaction. This thesis thus contributes through exploring the construct of need based social support as well as its relationship with potential antecedents and consequences.

CHAPTER I

GENERAL INTRODUCTION

1.1 Introduction

Social support has long been studied as a buffer against occupational stress (e.g., Fullerton, McCarroll, Ursano, & Wright, 1992; Iversen et al., 2008; La Rocco & Jones, 1978; Regehr, Hill, & Glancy, 2000). Researchers have documented relationships between social support, health and well-being among employees in various high-stress occupations (e.g., Alexander & Klein, 2001; Meyer et al., 2012; Regehr, 2009). Indeed, employees appear to be better able to cope with stress when they perceive high levels of social support from supervisors and from peers (e.g., Cummins, 1990; Dunn, 1993; Fullerton, McCarroll, Ursano, & Wright, 1992; Martin, Marchand, Boyer, & Martin, 2009; Violanti & Aron, 1995).

Social support, however, does not always have the desired effect (e.g., Deelstra et al., 2003; Hyman, 2004; Zellars & Perrewé, 2001). Stratton, Parker and Snibbe (1984) found that police officers involved in shootings reported that while their colleagues were their primary confidant they were also a major source of stress. Indeed, some researchers have found that support can have an insignificant impact or can even adversely affect health and well-being (e.g., Fullerton, Ursano, Kao, & Bahartiya, 1992; Green et al., 1990; Hyman, 2004; Jerusalem et al., 1995; Solomon, 1995; Ullman & Siegal, 1994). For example, positive correlations have been found between social support and higher levels of occupational stress, burnout, post-traumatic stress symptoms, and absenteeism (e.g., Buunk, Jan Doosje, Jans, & Hopstaken, 1993; Deelstra et al., 2003; Frese, 1999; Hahn, 2000; Rael et al., 1995; Stephens & Long, 2000; Zellars & Perrewé, 2001). Relatively few researchers, however, have put forth comprehensive theoretical models to explain these paradoxical findings. As such, more research is needed in order to understand when and why support will be helpful and when it will fail to help or will even cause harm.

While a few authors have provided explanations for these “harmful” support behaviors, there is a paucity of empirical research assessing the validity of these models. For example, Flannery (1990) reported that negative outcomes can occur when there is a lack of reciprocity in the relationship, when the provider feels they cannot solve the recipient’s problem, if the provider feels overwhelmed, when the provider and recipient have conflicting values, or when

either the provider or recipient lacks interpersonal skills. Smith and Goodnow (1999) posited that negative outcomes are more likely to occur when the intervention makes the recipient feel incompetent (Smith & Goodnow, 1999). According to Beehr (1985) support may be ineffective or cause harm when the intervention leaves the recipient feeling that they are worse off than they originally believed. In addition, La Gaipa (1990) posited that support will cause harm when the recipient's autonomy is threatened. That is, when the recipient no longer feels free to make their own choices.

Fisher and colleagues (e.g., Fisher, Nadler, & Whitcher-Alagna, 1982; Nadler & Fisher, 1986) used the threat to self-esteem model in order to explain the negative impact of support. In particular, they posited that support will be ineffective or cause harm when the recipient feels incompetent or inferior. Beehr, Bowling and Bennett (2010), combining social information processing theory (e.g., Bateman, Griffin, & Rubinstein, 1987), stress-as-offense to self theory (e.g., Semmer, McGrath, & Beehr, 2005) as well as person-environment fit (P-E fit) theory (e.g., Edwards & Cooper, 1990), posited that support fails when the recipient feels inadequate or ends up ruminating about the stress they are experiencing and/or the things that are going wrong. There remains, however, relatively little empirical evidence in support of these models.

Self-Determination Theory (SDT; e.g., Deci & Ryan, 1985) can provide a fruitful framework to explain the differences found in the research. According to SDT, individuals need to experience autonomy, competence, and relatedness in order to adapt and flourish (e.g., Deci & Ryan, 2008; Deci et al., 2001). As such, support that satisfies these needs would be helpful while support that thwarts them would be more likely to have a negative impact. The need for autonomy refers to the perception of freedom of choice, self-organization and integration of self-regulation. The need for competence consists of experiencing feelings of mastery, efficacy and a sense of control. Relatedness is the need to be connected to others and engaged in authentic and harmonious relationships characterized by trust and acceptance. Satisfaction of these three needs results in more positive outcomes whereas the opposite occurs when the basic needs are thwarted (e.g., Fernet & Gagné, 2006; Houliort & Sauvé, 2010; Lynch, Plant, & Ryan, 2005; Van den Broeck, Vansteenkiste, De Witte, & Lens, 2008).

Supervisors as well as colleagues have many opportunities to satisfy or thwart the basic needs. Based on SDT, Blais and colleagues developed the Motivational Leadership Model (MLM; Blais, 2004; Blais, Hess, Bourbonnais, Saintonge, & Riddle, 1995), which explores the different effects of need satisfying and thwarting leadership behaviours as well as the related motivational processes on health and well-being. According to the MLM, leadership style (via the basic needs) directly influences motivation and chronic job stress. Motivation and job stress, in turn, influence global job satisfaction and vulnerability to emotional exhaustion. Subsequently, global job satisfaction and emotional exhaustion affect physical health, psychological distress and global life satisfaction (e.g., Levesque, Blais, & Hess, 2004).

More specifically, supervisors and colleagues in work settings can act as both a significant buffer against stress as well as a major source of stress depending on the degree to which they satisfy or thwart the needs of their subordinates (e.g., Blais, 2004; Blais et al., 1995; Blais & Lachance, 1992). They also influence job stress through work motivation. Consistent with SDT, events or conditions (e.g., leader behaviour) that support or thwart these needs influence what we do and why we do it, that is, influence our motivation (e.g., Deci & Ryan, 1985; 2000; 2008). In fact, Radel and colleagues (2011) found that individuals develop substitute needs and pursue extrinsic goals when the basic needs are chronically thwarted. In particular, they utilized Seyle's general adaptation syndrome model to explain what happens when the needs are thwarted short-term and long-term. Specifically, need deprivation is viewed as a stressor which provokes an alarm reaction. The person then engages in a need restoration process (e.g., seeking out a person or an environment that will lead to need satisfaction). If the need is thwarted in the long-term, the person moves into the exhaustion stage. At that point, the individual will relinquish the need and develop substitute needs (e.g., approval) and extrinsic goals (Radel, Pelletier, Sarrazin, & Milyvskaya, 2011).

According to SDT, there are three main categories of motivation – amotivation, extrinsic motivation, and intrinsic motivation. They can be conceptualized along a continuum of autonomy (see Figure 1.1). Those who are amotivated experience non-contingency between their behavior and outcomes (e.g., helplessness, alienation, and cynicism). An example of amotivation would be

an employee who works despite feeling that he/she cannot handle the demands of the job. In the case of extrinsic motivation, activities are seen as a means to an end. These can be, however, autonomous or controlled forms of extrinsic motivation. Individuals experience the controlled forms of extrinsic motivation (i.e., external regulation and introjected regulation) when they engage in activities due to external pressure (external regulation) or self-imposed pressure (introjected regulation). On the other end of the continuum are the autonomous forms of extrinsic motivation as well as intrinsic motivation. When an individual has an autonomous form of motivation his/her actions are driven by a sense of choice. In this case the person does not act because he/she feels obligated, but rather because he/she wants to (the activity fits with personal values and is based upon choice).

These distinctions between types of motivation/regulations are important as they influence stress, health, and well-being in different ways (e.g., Blais, 2004; Ryan & Deci, 2000; Sheldon & Elliot, 1999; Sheldon, Ryan, Deci, & Kasser, 2004). More autonomous forms of motivation are linked with decreased stress and greater health and well-being (e.g., Deci, 2008; Deci & Ryan, 2008; Deci & Vansteenkiste, 2004; Fernet & Gagné, 2006; Houliort & Sauvé, 2010). In this case, the person does not act because they feel obligated or pressured but rather out of a sense of choice and authenticity. Individuals who are autonomous and/or authentic are more aware of their emotions and self-compassionate (e.g., Iles, Morgeson, & Nahrgang, 2005; Kerniss, 2003; La Guardia & Ryff, 2003). Greater awareness and self-compassion is a necessary (but not sufficient) condition for increased integrated regulation of one's emotions (Kim, Deci, & Zuckerman, 2000). This increased potential to autonomously and compassionately self-regulate results in more efficient stress management (e.g., Blais, 2004; Blais et al., 1995; Deci & Ryan, 2000; Kim, Deci, & Zuckerman, 2000). This also allows individuals to share their experience with others, for example a support provider, and subsequently obtain what they need.

More controlled forms of motivation, on the other hand, are associated with increased job stress and related health and well-being issues as behavior is driven by external or self-imposed pressure or a feeling of lack of control. Indeed pressure, be it external or self-imposed, is an important source of distress (e.g., Blais, 2004; Blais & Hess, 2003; Léveillé, Blais, & Hess,

2000). As such, the employee is more likely to experience such negative emotions as frustration, anger, rejection, resignation, despair, and sadness. Employees who are then unable to autonomously regulate such emotions subsequently experience increased chronic distress and related health problems (e.g., Blais, 2004; Blais & Hess, 2003; Léveillé et al., 2000).

Other SDT-based research in occupational settings has further illustrated the consequences of need satisfaction and thwarting on health and well-being. For example, need satisfaction and more autonomous forms of motivation have been linked to decreased burnout in teachers (e.g., Fernet, Guay, Senecal, & Austin, 2012; Houliort & Sauvé, 2010). Satisfaction of the three needs has also been associated with increased job satisfaction, more positive attitudes, increased commitment and general self-esteem as well as reduced anxiety (e.g., Deci et al., 2001; Lynch, Plant, & Ryan, 2005).

The research based on SDT and the MLM thus indicates that the satisfaction or thwarting of the fundamental needs may determine whether support behaviors will be beneficial or harmful. The objective of this thesis is thus to explore the concept of social support from a needs perspective. Furthermore, the relationships between need satisfying and thwarting social support and various aspects of health and well-being will also be examined.

1.2 Need Based Social Support – A Conceptual Framework

In light of the above, a preliminary conceptual framework for need based social support (NBSS) is proposed. In particular, what follows is an exploration of the nature, antecedents, and consequences of NBSS. This framework, based on SDT, will serve as the theoretical underpinnings of a new measure of NBSS.

Nature. Need based support is postulated to consist of six social support styles – that is, a style for the satisfaction and thwarting of each of the basic needs. The six styles are thus: (1) autonomy centred, (2) competence centred, (3) relational, (4) controlling, (5) competence thwarting, and (6) non-relational support styles. Autonomy centred support is characterized by

promoting self-awareness as well as freedom of choice and self-expression. In the case of competence centred support, the provider helps the recipient to reconnect with his/her capabilities and resources. Relational support conveys interest, empathy, and genuine concern for the recipient's experience and/or request(s). A provider who, inadvertently or consciously, pressures a person to think, feel or behave in a certain way is engaging in controlling support. In the case of competence thwarting support, the recipient is left feeling like they are incapable, or too weak to adequately deal with their distress. Non-relational support is characterized by avoidance, and feelings of being judged or rejected.

Antecedents. The literature provides different hypotheses with regard to the determinants of need satisfying or thwarting behaviours. Two groups of antecedents have been identified and will be discussed below, notably social factors as well as individual differences.

In looking at the psychosocial environment, pressure from a variety of sources (e.g., supervisors, coworkers, subordinates) appears to predict controlling behaviors (e.g., Grolnick, Gurland, DeCoursey, & Jacob, 2002; Pelletier, Séguin-Lévesque, & Legault, 2002; Reeve, 2009). For example, Pelletier and colleagues found that pressure from the school administration to comply with performance standards contributed to a more controlling teaching style (Pelletier et al., 2002). Furthermore, a supervisor's perception of his/her subordinates' motivation may also influence whether he/she will engage in need satisfying or thwarting behaviours. In a laboratory experiment, Pelletier and Vallerand (1996) found that supervisors were more likely to engage in an autonomy supportive style when they perceived their subordinates to be intrinsically motivated and in a controlling style when they perceived their subordinates to be extrinsically motivated.

More recently, Radel and colleagues extended these findings in a field experiment conducted in a high school setting (Radel, Sarrazin, Legran, & Wild, 2010). Rather than looking at the influence of a supervisor's perception of their subordinate's motivation, they investigated the reverse. That is, the impact of a student's perception (in lieu of a subordinate) of their teacher's motivation (in lieu of a supervisor). In particular, they found evidence of a social

contagion model whereby a student's perception of their teacher's motivation influenced their (students) motivation for learning and subsequently their own teaching style when instructing peers (i.e., second generation learners).

Physical education students were divided into two groups. In one group, students were led to believe that their teacher was a volunteer. In the other group, students believed that their teacher was pressured into being there and was only interested in being paid. They found that students of the "volunteer" teacher displayed more intrinsic motivation for the task and subsequently engaged in a more autonomy supportive teaching style when they taught the activity to other students. Students of "paid" teachers, on the other hand, displayed more extrinsic motivation for the task and a more controlling teaching style when they (students) taught the activity to their peers. Teachers' behaviours are thus more likely to be interpreted as need satisfying when the student believes that they are intrinsically motivated and controlling when they are perceived as being extrinsically motivated.

Individual differences such as general causality orientation and leadership style may also play a significant role in predicting need satisfying and thwarting behaviours. Causality Orientations Theory (COT; Deci & Ryan, 1985; 2000) stipulates that individuals have, to varying degrees, an autonomy orientation, a control orientation, and an impersonal orientation. These correspond, respectively, to a personality disposition towards autonomous, controlling, and amotivational regulations/motivations.

Since the introduction of the construct in the 1980s, others have found evidence in support of the relationships between causality orientation and need satisfying/thwarting behaviours (e.g., Deci & Ryan, 1987, 2000; Deci, Nezlek, & Sheinman, 1981; Deci, Schwartz, Sheinman, & Ryan, 1981). For example, Reeve and colleagues found that teachers with an autonomy orientation were more likely to engage in an autonomy supportive teaching style. The opposite was found in the case of teachers with a control orientation (Reeve, 1998; Reeve, Bolt, & Cai, 1999). Taylor, Ntoumanis and Standage (2008) found that teachers' autonomous orientation and self-determined motivation predicted need satisfying behaviours towards

students. Moller and Deci (2009) found that individuals with a control orientation were more likely to engage in need thwarting behaviours such as interpersonal violence.

Leadership style may also play a role in predicting support behaviours. Given that a wide range of behaviours are implicated in leading others across multiple situations we can postulate that leadership style can be conceptualized as a general disposition. The SDT literature would suggest that a general disposition, such as leadership style, for need satisfying/thwarting behaviours would predict similar behaviours in specific situations such as when subordinates are in need of social support (e.g., Blais, 2004).

Studies exploring contagion effects (e.g., Radel et al., 2010) would also suggest that leadership style may influence the way in which subordinates offer support to peers. As such, supervisors who engage in need satisfying leadership styles are likely to encourage need satisfying support behaviours amongst colleagues (e.g., Léveillé, 2012; Léveillé et al., 2003; Riddle, Blais, & Hess, 2003). Elsewhere, positive relationships have been found between supportive and considerate supervisors and subordinate altruism and helping behaviours among colleagues (e.g., Organ & Ryan, 1995; Podsakoff, MacKenzie, Paine, & Bacharach, 2000).

In sum, social factors such as pressure from different sources, perception of a subordinate (learner) or supervisor's (teacher) motivation, and one's own motivation with regard to the task as well as individual differences such as general causality orientation and leadership style appear to influence need satisfying and thwarting behaviours. Furthermore, a systemic, or contagion effect, also appears to take place with regard to motivational orientations and subsequent behavioural styles.

Consequences. The large amount of research based on SDT clearly demonstrates the impact of need satisfying and thwarting behaviours on health and well-being (e.g., Gagné & Deci, 2005; Ryan & Deci, 2008). This pattern has been found in multiple life domains, with a variety of age groups, and across cultures using a variety of scientific methodologies including laboratory experimentation (e.g., Deci & Ryan, 2008).

The relationship between need satisfaction/thwarting, health and well-being has also been documented in terms of numerous outcome measures such as: subjective vitality and positive affect (e.g., Milyavskaya & Koestner, 2011; Muraven, Gagné, & Rosman, 2008), physical health (e.g., Ng et al., 2012), increased life satisfaction (e.g., Milyavskaya, Philippe, & Koestner, 2013) and job satisfaction (e.g., Bono & Judge, 2003; Kovjanic, Schuh, Jonas, Van Quaquebeke, & van Dick, 2012; Lynch, Plant, & Ryan, 2005; Vansteenkiste et al., 2007), organizational commitment (e.g., Bono & Judge, 2003; Gagné, Chemolli, Forest, & Koestner, 2008), job performance (e.g., Baard, Deci, & Ryan, 2004; Bono & Judge, 2003; Kuvaas, 2009; Moran, Diefendorff, Kim, & Liu, 2012; Rich, Lepine, & Crawford, 2010), organizational citizenship behaviors (e.g., Levesque et al., 2004; Rich et al., 2010), vigour (Van den Broeck, Vansteenkiste, De Witte, & Lens, 2008) as well as decreased turnover intention (e.g., Gillet, Gagné, Sauvagère, & Fouquereau, 2012).

The following negative outcomes have been linked with lack of need satisfaction and need thwarting behaviours: burnout (e.g., Balaguer, González, Castillo, Mercé, & Duda, 2012; Bartholomew, Ntoumanis, Ryan, & Thogersen-Ntoumani, 2011; Fernet, Gagné, & Austin, 2010; Hodge, Lonsdale, & Ng, 2008), depression (e.g., Ng et al., 2012), intention to quit (e.g., Trépanier, Fernet & Austin, 2012; Vansteenkiste et al., 2007), psychological distress (e.g., Trépanier et al., 2012), negative affect (e.g., Jang, Reeve, Ryan, & Kim, 2009) and anxiety (e.g., Ng et al., 2012).

The effects of need satisfaction and thwarting have been demonstrated within numerous types of relationships such as: (1) parent-child (e.g., Froiland, 2011; Grolnick, Kurowski, Dunlap, & Hevey, 2000; Joussemet, Koestner, Lokes, & Landry, 2005; Lokes, Gingras, Philippe, Koestner, & Fang, 2010), (2) teacher-student (e.g., Field & Hoffman, 2012; Niemiec & Ryan, 2009), (3) coach-athlete (e.g., Adie, Duda, & Ntoumanis, 2008; Stebbings, Taylor, Spray, & Ntoumanis, 2012), (4) supervisor-subordinate (e.g., Gillet, Fouquereau, Forest, Brunault, & Colombat, 2012; Kovjanic et al., 2012), (5) doctor-patient (e.g., Kosmala-Anderson, Wallace, & Turner, 2010; Lee & Lin, 2010), (6) between colleagues (e.g., Fernet et al., 2010; Houliort & Sauvé, 2010; Moreau & Mageau, 2012; Van den Broeck, Vansteenkiste, De Witte, Soenens, &

Lens, 2010), as well as (7) life and romantic partners (e.g., Gaine & La Guardia, 2009; Legate, Ryan, & Weinstein, 2012).

These findings have also been validated with sample populations in several countries such as Denmark, South Korea, the United States (e.g., Ferguson, Kasser, & Jahng, 2011), Russia (e.g., Lynch, La Guardia, & Ryan, 2009), China, Australia, Mexico, Venezuela, the Philippines, Malaysia, and Japan (Church et al., 2012). Furthermore, they have been found across the lifespan notably with regard to children and adolescents (e.g., Véronneau, Koestner, & Abela, 2005), adults (e.g., Gillet, Gagné, Sauvagère, & Fouquereau, 2012; Kovjanic et al., 2012) and older adults (e.g., Solberg, Hopkins, Ommundsen, & Halvari, 2012).

1.3 Thesis Working Model

The same pattern of outcomes is expected with regard to social support behaviours when the needs are satisfied or thwarted. In particular, a need satisfying/thwarting leadership style is expected to lead to a relatively similar supervisory support style as well as similarly influencing colleague support style. These, in turn, are expected to influence job stress and job satisfaction. These can subsequently be expected to influence emotional exhaustion, PTSD symptomatology, and psychological distress. Need based social support from family/friends is expected to have a greater influence on more global life wellness or illness (e.g., life satisfaction).

1.4 Scale Development of the Need Based Support Styles Inventory

The Need Based Support Styles Inventory (NBSSI) was created in order to test these relationships. More specifically, it was developed in order to examine the construct of need based social support. It assesses six styles stemming from three sources of support - supervisors, colleagues, and family/partner. The development process of the NBSSI included a literature review of the construct and its measurement. Over fifty existing social support scales were reviewed. As none specifically assessed need based social support the scales were combined to

create a bank of 144 questions. A group of graduate students and faculty members (notably, the author, another graduate student and the thesis supervisor) formed the scale development committee. All items were grouped into categories according to whether they were expected to satisfy or thwart the three fundamental needs. Some additional items were then generated from individual team members. Between four and fifteen questions were then chosen and/or adapted to represent each style.

The pilot version of the questionnaire consisted of forty one items: six autonomy satisfying items, six competence satisfying items, six relatedness satisfying items, seven autonomy thwarting items, eight relatedness thwarting items, and eight competence thwarting items. The pilot version of the questionnaire was then administered to a group of 125 francophone university students. Item analysis, based on reliability and factor analyses, was used to eliminate items. Items that loaded below .60 from Maximum Likelihood factor analyses (oblique rotation) and that reduced sub-scale reliability to below .70 (Cronbach's alpha) were eliminated. Fifteen items were removed to create the preliminary version of the questionnaire. The preliminary scale was then tested as part of the two thesis studies.

1.5 Presentation of the Articles

The two empirical studies that were conducted for this thesis can be found in Chapters 2 and 3. The first article introduces the construct of need based social support and examines initial findings regarding the relationships with various potential antecedents and consequences related to occupational health and well-being. It also outlines the development and preliminary psychometrics of the NBSSI. In the second article, the relationships between need based social support, leadership, and stress-related occupational health are examined. The second article also provides additional evidence regarding the reliability and validity of the NBSSI. Correctional services agents and police officers were chosen for these studies as they are exposed to high levels of occupational stress (both chronic and acute) and suffer from significant health problems as a result.

CHAPTER II

ARTICLE I

Running head: NEED BASED SOCIAL SUPPORT

Need Based Social Support: Exploring the Bright and Dark Side of Social Support for
Employees

Alexandra Van Veeren & Marc R. Blais

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Abstract

The purpose of this study was to explore the nature of need based social support as well as its relationship with health and well-being at work. Based on Self-Determination Theory (SDT), the Need Based Support Styles Inventory (NBSSI), a scale designed to assess support styles which satisfy and thwart the needs for autonomy, competence, and relatedness, was developed and tested. The styles are assessed with respect to three sources of support: supervisors, colleagues, and family/partner. Three hundred correctional officers completed the NBSSI and a series of occupational health related measures such as emotional exhaustion and PTSD. Analyses provide preliminary evidence for the reliability and validity of the NBSSI. The subscales for all three sources of support (supervisor, colleagues and family/partner) correlated as expected with relevant outcome and determinant measures. Need satisfying support was systematically correlated with health and well-being whereas the opposite was found with regard to need thwarting support.

Keywords: social support, self-determination theory, needs, occupational health, well-being

Need Based Social Support: Exploring the Bright and Dark Side of Social Support for Employees

Researchers over the past forty years have spoken of the importance of social support in helping employees better cope with occupational stress (e.g., Brough & Williams, 2007; Chen, Siu, Lu, Cooper, & Phillips, 2009; Regehr, Hill, Goldberg, & Hughes, 2003). In particular, social support has been found to be negatively correlated with occupational stress, burnout, as well as post-traumatic stress disorder (e.g., Baruch-Feldman, Brondolo, Ben-Dayana, & Schwartz, 2002; Bourbonnais, Jauvin, Dussault, & Vézina, 2007; Iversen et al., 2008; Marmar et al., 2006; Wu, Chi, Chen, Wang, & Jin, 2010). Van Yperen and Hagedoorn (2003) found that high social support from colleagues and one's supervisor was negatively correlated with fatigue. Furthermore, employees tend to report lower levels of stress when they perceive high levels of social support from supervisors, peers, family, and friends (e.g., Brough & Williams, 2007; Cummins, 1990; Fullerton, McCarroll, Ursano, & Wright, 1992; Huynh, Xanthopoulou, & Winefield, 2013; Sundin, Hochwalder, Bildt, & Lisspers, 2007; Violanti & Aron, 1995). The beneficial value of social support has not, however, received unequivocal empirical support. Indeed, social support has been linked to more negative outcomes such as higher levels of work stress, burnout, post-traumatic stress symptoms and absenteeism in certain studies (e.g., Buunk, Jan Doosje, Jans, & Hopstaken, 1993; Deelstra et al., 2003; Frese, 1999; Hahn, 2000; Rael et al., 1995; Stephens & Long, 2000; Zellars & Perrewé, 2001). Given these unexpected findings, it is important to understand why support is not consistently helpful and why it can sometimes be inefficient or even harmful.

Shumaker and Brownell (1984) describe numerous support behaviors which are deemed harmful despite the good intentions of the provider. In particular, these surprising results have been found within the context of non-reciprocal relationships (Shumaker & Jackson, 1979). A person may feel inferior and withdraw when they feel they receive more support than they provide. Alternately, Fisher and Nadler (1976) indicated that aid provided by individuals who have greater resources can threaten the recipient's self-esteem (i.e., sense of competency) as it can engender feelings of failure and dependency. Smith and Goodnow (1999) posited that the recipient's interpretation of the provider's actions can determine the outcome. For example, support behaviors which convey genuine caring and concern for the person will have a positive

outcome whereas behaviors which make the person feel incompetent will lead to negative outcomes. Beehr (1985) found increased distress when the recipient is left feeling that the situation is worse than they originally believed. La Gaipa (1990) explored the autonomy-dependency dialectic¹ and its significance in caring relationships. In particular, he postulated that social support can result in negative outcomes when autonomy is suppressed.

While several authors have provided examples of situations where support behaviors may be detrimental (Beehr, 1985; Fisher & Nadler, 1976; La Gaipa, 1990; Shumaker & Brownell, 1984; Smith & Goodnow, 1999), relatively few researchers have proposed theoretical models to explain the potentially undesirable effects of support. Furthermore, there are relatively few empirical studies based on these theories. The threat to self-esteem model (Fisher, Nadler, & Whitcher-Alagna, 1982; Nadler & Fisher, 1986) is an example of a theory that has been used to explain these detrimental effects. It posits that evoking feelings of incompetence or inferiority will elicit negative reactions in the recipient. Beehr, Bowling and Bennett (2010) combined several theories, that is, social information processing theory (e.g., Bateman, Griffin, & Rubinstein, 1987), stress-as-offense to self theory (e.g., Semmer, McGrath, & Beehr, 2005) as well as person-environment fit (P-E fit) theory (e.g., Edwards & Cooper, 1990). They postulated that support engenders negative reactions when it causes the recipient to focus on the stress they are experiencing, feel inadequate and/or incompetent.

The research on the Motivational Leadership Model² (MLM; e.g. Blais, 2004; Blais, Hess, Bourbonnais, Saintonge, & Riddle, 1995), which is based on Self-Determination Theory (SDT; e.g., Deci & Ryan, 1985), suggests that support behaviors will be harmful when basic needs are thwarted and beneficial when the needs are satisfied. According to SDT (e.g., Deci & Ryan, 2000) individuals have three fundamental psychological needs – that is, the need to experience autonomy, competence, and relatedness. While several authors have utilized the term “needs” to refer to desires, wants, and/or wishes, needs within SDT are “innate psychological nutriments that are essential for ongoing psychological growth, integrity, and well-being” (Deci & Ryan, 2000, p. 229). Within SDT, needs energize individuals to actively interact with their environment, develop skills, and they also ensure healthy development (Reeve, 2000). When the three needs are satisfied to a significant extent, individuals are able to adapt better and experience increased health and well-being. When they are thwarted, individuals experience psychological distress, ill health, and decreased well-being (e.g., Blais, 1994; Blais et al., 1995; Gagné & Deci,

2005; Levesque, Blais, & Hess, 2004; Lynch, Plant, & Ryan, 2005; Van den Broeck, Vansteenkiste, De Witte, & Lens, 2008). Hence, events that thwart the needs can also be conceptualized as stressors (Blais, 1994). Furthermore, the more the needs are thwarted or satisfied, in either a chronic or acute manner, the greater the impact is expected to be (e.g., Blais, 2004).

The MLM, in line with SDT, postulates that there are three major types of motivation that fall along a continuum of self-determination. That is, amotivation, extrinsic motivation, and intrinsic motivation. While the different types of motivation refer to a sense of control over events (internal locus of causality), they distinguish themselves based upon their level of autonomy. Those who experience more autonomous forms of motivation act out of a sense of choice and value the activity as important. Individuals who experience more controlled forms of motivation do what they do based on pressure, coercion and a feeling of obligation.

Applying SDT to the work context, Blais and colleagues (e.g., Hess, Blais, & Léveillé, 2003; Léveillé, Blais, & Hess, 2003; Levesque et al., 2004) have found that need thwarting behaviors from supervisors and colleagues (e.g., controlling supervisory styles) are associated with stress, emotional exhaustion, psychological distress, physical health symptoms, as well as absenteeism and turnover. When supervisory and colleagues' relational styles are more need satisfying, employees report more resilience and greater well-being, such as increased job satisfaction and loyalty (Blais, 2004; Léveillé et al., 2003; Levesque et al., 2004; Riddle, Blais, & Hess, 2003).

Other research based on SDT has demonstrated the impact of need satisfaction and thwarting on occupational health and well-being. For example, Gillet and colleagues have found that perceived autonomy support was associated with autonomous motivation, work satisfaction, happiness, decreased turnover intention, and self-realization (Gillet, Fouquereau, Forest, Brunault, & Colombat, 2012; Gillet, Gagné, Sauvagère, & Fouquereau, 2012). In their model pertaining to need satisfaction and transformational leadership, Kovjanic and colleagues found that need satisfaction is associated with increased job satisfaction, self-efficacy and commitment (Kovjanic, Schuh, Jonas, Van Quaquebeke, & van Dick, 2012). In a sample of healthcare professionals, Moreau and Mageau (2012) found that perceived autonomy support from supervisors and colleagues predicted work satisfaction, psychological health, subjective well-being, and suicidal ideation. Fernet and Gagné (2006) found decreased risk of burnout in those

who perceived greater social support and who were autonomously motivated. Furthermore, Houliort and Sauvé (2010) found that teachers were less likely to experience burnout symptoms the more the three needs were satisfied by colleagues, parents, students, and management. The opposite was found when the three needs were thwarted.

SDT and the MLM thus provide a viable framework to better understand both the negative and positive impact of social support. In sum, support that satisfies the needs should be beneficial whereas support that thwarts the needs would be ineffective or even harmful.

Need Based Social Support

Nature. Social support can be characterized as behaviors intended to help individuals cope with stressful situations. One could argue that support behaviors which are harmful do not constitute social support. We would contend, however, that as long as the provider intends it to be helpful it can be deemed support. The impact of the behavior, either helpful or harmful, subsequently depends on the perception of the recipient.

Following SDT and the MLM, need based social support can be conceptualized along six separate support styles: (1) three need satisfying styles – autonomy centered, competence centered, and relational support styles and (2) three need thwarting styles – controlling, competence thwarting, and non-relational support styles. The need for autonomy is satisfied when an individual feels free to make their own choices. In the case of autonomy centred support, the provider does not pressure the person to do what they would do or what they think is right but rather helps the recipient figure out what works best for them. In the case of competence centred support, the provider creates conditions in which problem solving is facilitated and provides verbal and/or nonverbal feedback which highlights strengths and resources. The need for relatedness refers to feeling connected to others and accepted, in a relationship based on caring and trust. In the case of relational support, the provider acknowledges the person's feelings and conveys genuine concern and interest in the individual (through active listening and empathy).

Controlling support styles make employees feel pressured to think, feel or behave in a certain way. For example, personnel are made aware (implicitly or explicitly) that they should not express how they are feeling and that they should find other ways of dealing with their stress. Competence thwarting support is characterized by verbal or nonverbal feedback or behaviors that increase feelings of failure and lack of resources. Relationships that thwart the need for

relatedness are characterized by conflict, rejection, avoidance, disinterest and feeling judged by the other person.

Antecedents. Different hypotheses have been elaborated and tested within the SDT literature to better understand the socio-psychological factors that bring about need satisfying or thwarting behaviors. For example, pressure stemming from different sources appears to predict controlling styles in different settings. Pelletier, Séguin-Lévesque and Legault (2002) found that teachers were more likely to engage in controlling teaching styles when exposed to pressure from the administration and colleagues. In terms of parenting, Grolnick, Gurland, DeCoursey and Jacob (2002) found that high pressure situations lead mothers to adopt more controlling styles. As such, more controlling environments tend to engender controlling behavior in various contexts.

Furthermore, a supervisor's perception of their subordinate's motivation can also influence their supervisory style. For example, Pelletier and Vallerand (1996) found that supervisors were more likely to adopt a controlling style when they perceived their subordinates to be extrinsically motivated. Specifically, they were more controlling when they believed the employee to be uninterested in the task itself and motivated by rewards. Conversely, they adopted a more autonomy supportive style when they perceived their subordinates to be more intrinsically motivated. Other determinants of controlling styles include pressure from within, that is, pressure based on a person's beliefs, values, and personality dispositions (Reeve, 2009).

Weinstein and Ryan (2010) looked at the impact of the provider's motivation. They found that recipients of helpers who were extrinsically motivated (i.e., controlled motivation), that is when providers were coerced or forced into helping, did not benefit from the act and some even reported lower levels of well-being than those who did not receive help. On the flip side, those who received help from autonomously motivated individuals, that is, helpers that freely offered their aid and whose actions were based on well-internalized values, reported greater positive affect as well as increased vitality and self-esteem. They also found that providers who engaged in autonomous helping experienced greater well-being whereas the opposite was found in those who provided controlled helping. Their studies provide evidence for the impact of controlled versus autonomous motivations on both the provider and the recipient.

Consequences. Virtually hundreds of studies across age groups, cultures, and life domains have given support for SDT's basic hypotheses that need satisfaction engenders positive

outcomes and need thwarting negative outcomes with regard to well-being and ill-being (e.g., Deci & Ryan, 2008; Ryan, Lynch, Vansteenkiste, & Deci, 2011). A growing number of studies have also found support for SDT in various work settings (see Gagné & Deci, 2005 for a review). For example, need satisfaction has been associated with decreased risk for burnout (e.g., Fernet & Gagné, 2006; Houliort & Sauvé, 2010), other health problems (e.g., Baard, Deci, & Ryan, 2004) as well as increased job satisfaction and commitment (e.g., Van den Broeck et al., 2008).

Blais and colleagues (e.g., Blais, 2004; Blais & Brière, 2002) have postulated that behaviors which thwart the needs generate stress responses as well as threaten adaptation, growth, and psychological integrity. Conditions, such as support, that thwart the needs foster controlling (i.e., non-autonomous) motivations, which in and of themselves are an additional source of stress within the person (intrapersonal stressor). This would explain why support styles that thwart the three needs create stress rather than alleviate it.

Study

Given the work on SDT and the MLM, the objective of this study was to examine the nature of need satisfying and thwarting social support and the impact of such support on health and well-being at work. A new scale, the Need Based Support Styles Inventory (NBSSI), was created in order to assess need based social support. The NBSSI assesses the support styles (need satisfying or thwarting) of supervisors, colleagues, and family/partners. These three sources were chosen as they each can contribute independently as either a source of stress or a source of support when looking to help others cope with occupational stress (e.g., Cummins, 1990; Dunn, 1993; Fullerton et al., 1992; Violanti & Aron, 1995). The following study also represents a first test of the psychometric properties of the NBSSI.

Based on the relationships found in the MLM, we hypothesize that need satisfying support will be positively correlated with more autonomous motivation, work satisfaction, more adaptive coping strategies (i.e., self-help, approach, and accommodation coping), global physical health, and life satisfaction. Need thwarting support, on the other hand, is expected to be positively correlated with supervisor harassment, colleague harassment, increased impact of negative events (both as a victim and as a witness), as well as increased post-traumatic stress symptomatology, emotional exhaustion, intention to quit, avoidance coping, self-punishment coping, and physical health problems.

Method

Participants

A total of 300 (214 males and 83 females) correctional services officers between 21 and 60 years old ($M = 43$) completed the questionnaire. The final sample used for analyses consisted of 288 participants. The majority of the correctional officers were working full-time (176 individuals or 86.3%). Their work experience varied between 2 months and 33 years ($M = 11.67$ years). In terms of education, 29.9% had obtained a high school degree or less, 35% had a college diploma and 19.7% had a university degree. The majority (64.5%) were married or in a stable relationship.

Procedure

The officers were approached through their union representative as part of a larger ongoing study. Respondents participated anonymously and on a voluntary basis. Those interested in participating completed a questionnaire package which was then mailed directly to the researcher.

Measures

Need Based Social Support. The overall measurement model of the NBSSI was developed based on the Motivational Supervisory Style Questionnaire (Blais, Lachance, Brière, Dulude, & Richer, 1991) which was adapted in order to assess specific social support styles within a specific context (i.e., seeking support in moments of difficulty/distress). The NBSSI assesses six constructs: three need satisfying and three need thwarting support styles. The three need satisfying styles being autonomy centered, competence centered, and relational support styles. The three need thwarting styles being controlling, competence thwarting, and non-relational support style. An analysis of existing social support questionnaires and relevant literature led to the development of a pool of 144 items. From this pool, a 41 item preliminary questionnaire was created. The preliminary questionnaire was then reduced to 26 items based on the results of an item analysis that was conducted as part of a pilot study.³ All subscales are comprised of four items with the exception of the controlling and non-relational styles which have five items each. Respondents were asked to indicate to what degree each of three sources of support engaged in the specified behaviors when respondents are experiencing work stress.⁴ Immediate supervisor, colleagues and friend/family/partner were chosen as each are a significant source of support when facing work stress (e.g., Beehr, Jex, Stacy, & Murray, 2000; Berlin Ray

& Miller, 1994; Brough & Williams, 2007; van Daalen, Sanders, & Willemssen, 2005). Subjects rated each item on a five point Likert-type scale where one represents "not at all" and five "exactly". Sample items for each scale are as follows: (1) "Encourage(s) me to find my own ways of coping with the situation." - autonomy centred support style, (2) "Helps me have confidence in my abilities to cope with the situation." - competence centred support style, (3) "I can count on them to listen to me when I need it." - relational support style, (4) "Decide(s) (for me) what I need." - controlling support style, (5) "Make(s) me feel like they are so much better at dealing with this type of situation than I am" - competence thwarting support style, and (6) "I feel that they judge me when I talk to them about my problems." - non-relational support style.

Leadership. Supervisory leadership style was assessed using the Motivational Supervisory Style Questionnaire (MSSQ; Blais et al., 1991). The MSSQ is a 24-item scale which assesses to what degree the respondent's immediate supervisor engages in need satisfying supervisory styles and need thwarting styles. Respondents were asked to rate their immediate supervisor using a seven-point Likert-type scale where one corresponds to "strongly disagree" and seven "strongly agree". While the NBSSI structure is based on the MSSQ, it is important to note that the two scales are distinct as the MSSQ pertains to more global supervisory behaviors whereas the NBSSI pertains to a specific type of influential behaviors when employees in distress seek support. Sample items of the MSSQ include: "My supervisor gives me just enough responsibility" (autonomy oriented supervisory style), "My supervisor's comments regarding my work are constructive and help me to better accomplish my job" (competence oriented supervisory style), "My supervisor gives me all the time I need without hurrying me" (involved supervisory style), "My supervisor watches over my performance at work too closely." (controlling supervisory style), "My supervisor's comments take the form of criticism and are not very useful." (incompetence centered supervisory style) and "My supervisor acts as if he/she didn't know me." (laissez-faire supervisory style). Previous studies support the reliability and validity of the scale. Internal consistency values range from .76 to .94 and test-retest values from .43 to .62. Results from Confirmatory Factor Analyses support the factorial structure of the MSSQ (Blais, 2004; Blais et al., 1991; Riddle & Blais, 1996). Cronbach's alpha for the current correctional officer sample ranges from .83 to .88.

Harassment. Harassment was assessed using an adapted version of the Leymann Inventory of Psychological Terror (LIPT; Leymann, 1996). Respondents were asked to indicate

how frequently their supervisor and colleagues engaged in the particular behaviors using a five-point Likert-type scale from zero ("never") to five ("every day"). The adapted version of the LIPT consists of 25 (for colleagues) to 33 items (for supervisors) which assess exposure to various types of harassment (derogatory comments, criticism, nicknaming and ridiculing, social isolation, scolding and fault-finding, sexual harassment, etc.) at work in the past year. Item example for supervisors: "Voluntarily hides information in order to make your task more complicated"; for colleagues: "One spreads rumors about you". Cronbach's alpha for the scale is .95 for supervisors and .93 for colleagues.

Negative events. Perception of exposure to negative events was assessed using the Inventory of Violent Incidents (IVI; Léveillé, 2012). The IVI is a 17-item scale where respondents are asked to indicate the degree to which they have been affected by exposure to a violent incident (either as a witness or a victim). Examples of items include: "Physical altercation between detainees", "Death of a detainee", "Being threatened with a knife, a self-made weapon or a blunt object", "Being sequestered by one or several detainees", and "Being a victim of an attempted murder". Responses are indicated using a six-point scale from one ("not at all affected") to five ("extremely affected"). Cronbach's alpha coefficients for the current correctional officer sample range from .85 to .86.

Post-traumatic stress disorder (PTSD). PTSD was assessed using the Impact of Event Scale-Revised (IES-R; Weiss & Marmar, 1997; f.v., Brunet, Saint-Hilaire, King, & Jehel, 2003). The IES-R is a 22-item scale which assesses reactions following a traumatic incident in the past month. In particular, the scale assesses three clusters of symptoms - avoidance, intrusive symptoms, and hypervigilance. Respondents were asked to indicate the severity of the reactions using a Likert-type scale from one ("not at all") to five ("extremely"). Sample items: "I tried not to think about it" (avoidance), "Pictures about it popped into my mind" (intrusion), and "I was jumpy and easily startled" (hypervigilance). In addition, respondents are asked to complete seven items to assess past exposure to traumatic events (e.g., war, a natural disaster, a serious accident which requires hospitalization, physical attack) and the severity of their reaction to those events. Responses are based on a Likert-type scale from zero ("did not experience") to five ("extremely"). Previous research has demonstrated its reliability and validity. Cronbach's alpha ranges from .81 to .93 (Brunet et al., 2003). Test-retest reliability coefficients range from .89 to .94 (Weiss & Marmar, 1997). Cronbach's alpha for the current sample ranges from .89 to .97.

Psychological distress. Psychological distress was measured using the Inventory of Psychological Distress (Illfeld, 1978; f.v. Kovess, Murphy, Tousignant, & Fournier, 1985). It consists of 14 items which assesses how often the respondent has been affected by certain problems in the past month. In particular, the items assess the frequency of anxiety (e.g., "Felt stressed or under pressure"), depression (e.g., "Cried easily or felt on the verge of crying"), hostility (e.g., "Felt contrary or easily irritated"), and cognitive symptoms (e.g., "Had difficulty remembering things"). Responses are rated on a six-point scale from zero ("never") to five ("all the time"). Internal reliability coefficients for the scale range from .94 to .96 (Blais, 2004) with a test-retest coefficient of .60. Cronbach's alpha for the sample ranges from .86 to .94.

Emotional exhaustion. Emotional exhaustion was assessed using the Emotional Exhaustion subscale from the Maslach Burnout Inventory (Maslach & Jackson, 1986; f.v. Blais, Richer, Lachance, & Dulude, 1991). The subscale consists of nine items (e.g., "I feel emotionally drained from my work") where respondents are asked to indicate how often they have experienced certain reactions. Responses are based on a seven-point Likert-type scale from zero ("never") to six ("everyday"). Reliability coefficients range from .89 to .92 with a test-retest coefficient of .75 (Blais, 2004). Cronbach's alpha for the current sample is .93.

Intention to quit. Intention to leave one's job was evaluated through the Intention to Quit Employment Scale (Blais, Lachance, & Richer, 1990). The scale consists of 3 items (e.g., "I am thinking of quitting my job") where respondents are asked to indicate how often they had thoughts related to quitting. Responses are based on a seven-point Likert-type scale from zero ("never") to six ("everyday"). Standardized Cronbach's alpha for the scale is .91 (Blais et al., 1990). Cronbach's alpha for the officers' sample is .90.

Work motivation. Motivation was assessed using the short form of the Blais Work Motivation Inventory (BWMI; Blais, Brière, Lachance, Riddle, & Vallerand, 1993; Riddle & Blais, 1996). The short form (BWMI-S) consists of 18 items where respondents are asked to indicate to what degree the items correspond to reasons why they are working at that specific job. The BWMI-S consists of the following subscales: intrinsic motivation, identified regulation, introjected regulation, external regulation, and amotivation. Responses are indicated using a seven-point Likert-type scale where one corresponds to "not at all" and seven "exactly". Sample items include: "Because of the sense of achievement I experience while doing my job in a personal and unique way" (intrinsic motivation), "Because this is the type of work I prefer in

order to pursue my career.” (identified regulation), “Because my work is my life and I don’t want to fail.” (introjected regulation), “For the pay-check.” (external regulation), and “I don’t know, I have the impression that I don’t have what it takes to do this work well.” (amotivation). A composite score for relative autonomous motivation was created by computing a weighted mean (computation $2 \times \text{intrinsic motivation} + \text{identified regulation} - \text{extrinsic motivation} - 2 \times \text{amotivation}$). The following computation has been utilized in previous research to calculate a relative autonomy index (Blais, 2004; Gagné & Deci, 2005; Ryan & Connell, 1989). Previous research indicates that the scale has satisfactory psychometric properties. Internal consistency values range from .70 to .92 and test-retest reliability from .57 to .75. Results from Confirmatory Factor Analyses support the factorial structure of the BWMI (Blais et al., 1993). Cronbach’s alpha for the current correctional officer sample ranges from .69 to .85.

Satisfaction at work. Work satisfaction was assessed using the Global Satisfaction at Work Scale (Blais, Lachance, Forget, Richer, & Dulude, 1991). The scale is an adaptation of the Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985). Three items were used from the scale (e.g., “I am satisfied with the type of work I do”). Responses are based on a seven-point rating scale of one (strongly disagree) to seven (strongly agree). Cronbach’s alpha for the scale is .89 to .90 with a test-retest coefficient of .65 (Blais, 2004). Cronbach’s alpha for the current sample is .70.

Coping. The coping styles utilized by respondents were evaluated using the R-COPE (Zuckerman & Gagné, 2003). The R-COPE is a 40-item scale which evaluates how individuals typically react when faced with stressful situations. In particular, the R-COPE consists of five coping styles (each measured by eight items): self-help (e.g., “I talk to someone about how I feel”), approach (e.g., “I do what has to be done, one step at a time”), accommodation (e.g., “I look for something good in what is happening”), avoidance (e.g., “I give up the attempt to get what I want”), and self-punishment (e.g., “I brood over my problem constantly”). Responses are based on a five-point Likert-type scale where zero corresponds to “never” and five “all the time”. The R-COPE correlates significantly with measures of depression, anxiety, and self-esteem. Reliability coefficients range from .74 to .94 (Zuckerman & Gagné, 2003). Cronbach’s alpha for the correctional officers sample ranges from .63 to .91.

Life satisfaction. Satisfaction with life was evaluated using the Satisfaction With Life Scale (Diener, Emmons, Larsen, & Griffin, 1985; f.v. Blais, Vallerand, Pelletier, & Brière,

1989). The scale is comprised of three items (e.g., "I am satisfied with my life") with a seven-point rating scale of zero ("strongly disagree") to seven ("strongly agree"). The internal reliability coefficients for the scale range from .77 to .90 with a test-retest coefficient of .65 (Blais, 2004; Blais et al., 1989; 1993). Cronbach's alpha for the current sample is .91.

Physical health. Physical health was assessed using the Physical Symptoms Checklist (PSC; Blais, Lachance, & Richer, 1989). The PSC is a 7-item checklist which assesses digestive, respiratory, cardiovascular, musculoskeletal symptoms as well as problems with sleep and infections. Respondents indicate the degree to which they have been affected by the problems using a five-point Likert-type scale where one corresponds to "not at all" and five "extremely". The internal reliability coefficients range from .74 to .84 with a test-retest coefficient of .70 (Blais, 2004; Blais et al., 1989). Cronbach's alpha for the sample is .68.

Results

This section presents the psychometric properties of the NBSSI followed by the relationships between need based social support, potential determinants and outcome variables.

NBSSI Psychometric Properties

Descriptives. Means, standard deviations, and distributions for the NBSSI subscales and items are normal.⁵ See Table 2.1. Means for need satisfying support styles systematically increased the closer the relationship between the source of support and the respondent (friends and family being the closest and supervisor more distant). The opposite was also found for need thwarting support styles.

Internal Reliability. Reliability coefficients are satisfactory across all styles and sources of support (alphas are all above .71). Alpha coefficients range from .85 to .91 for the supervisor subscale, from .75 to .90 for the colleague subscale, and from .71 to .90 for the family/partner subscale. See Table 2.1.

Factorial Validity. Confirmatory Factor Analyses (CFA) were conducted for each source of support (supervisor, colleagues, and family/partner) separately using LISREL 8.80 (Joreskog & Sorbom, 2001).⁶ A first order model with items loading onto their corresponding six factors (the support styles) was specified. Missing data was treated using stochastic regression imputation via PRELIS 8.80. All CFAs were conducted using the Maximum Likelihood estimation technique with the covariance matrix. All factors were postulated as independent and

no cross-loadings were specified. Factor loadings were satisfactory across all subscales (see Table 2.1).

Results from the analyses suggest that the model fits the data well for each source of support (see

Table 2.2). The χ^2 and normed χ^2 is low across the 3 sources of support ($\chi^2 < 700$, normed $\chi^2 < 3$). The CFI and NNFI values were all above .95 ($CFI > .96$, $NNFI > .95$). The RMSEA values are below .08 for the three sources of support. The values for the upper bounds of RMSEA are all below .10. The lower bound values, however, for the colleague and family/partner sources are above .05. As such the hypothesis of poor fit cannot be rejected. The SRMR values were all below 0.10. Modifications were rejected as the maximum modification index was 113.00 (for factor loadings) and there were no non-zero modification indices for factor variances.

NBSSI Inter-Factor Correlations. Pearson correlations among the NBSSI subscales for each of the respective sources are presented in

Table 2.3. In this section, the pattern of correlations for each source of support are presented. Following that, the patterns across the three sources are explored.

In general, all factors were correlated in the expected directions, that is, the need satisfying factors were positively correlated with the other need satisfying factors while negatively correlated with the need thwarting factors. The same pattern was found among the need thwarting factors. The strongest correlations were found amongst the matching support styles, within the need satisfying styles as well as the need thwarting styles. This pattern can be observed within and across all sources of support. As expected, the weakest correlations were found amongst the non-matching styles. That is, need satisfying with need thwarting styles. In addition, the correlations between the non-matching styles were consistently negative.

Convergent & Divergent Validity. In assessing convergent validity, stronger correlations are expected between measures assessing similar constructs. The correlation matrices between the NBSSI and other health-related occupational constructs (e.g., leadership, motivation, intention to quit, PTSD, emotional exhaustion) are found in Tables 2.4, 2.5a and 2.5b.

Correlations with the MSSQ, the need based leadership scale, should be indicative of the convergent validity of the NBSSI's supervisory support styles. As expected, the strongest

correlations were found between the NBSSI supervisory support and the leadership styles ($r = .52$ to $.72$). In addition, the correlations between the two other NBSSI targets (i.e., colleagues, family/partner) and the MSSQ were significantly weaker. As expected, the weakest correlations were between the family/partner support subscales and the leadership styles. All correlations were almost null between the leadership subscales and the need satisfying family/partner subscales (see Table 2.4). However, the correlations between the leadership subscales and the need thwarting family/partner subscales were systematically significant, albeit weak, and in the expected direction (with only two exceptions). The need thwarting family/partner support styles were systematically positively correlated with the need thwarting leadership styles and negatively correlated with the need satisfying leadership styles.

Correlations with the harassment scale also provide evidence in support of the convergent and divergent validity of the NBSSI. As with the NBSSI, the harassment scale also independently assesses supervisory and colleague behaviors. Greater positive relationships were expected with the need thwarting behaviors and greater negative relationships were expected with the need satisfying behaviors.

As predicted, greater positive correlations were found between need thwarting supervisory support styles and supervisor harassment ($r = .55$ to $.57$) as well as between need thwarting colleague support styles and colleague harassment ($r = .38$ to $.51$). Also as expected, greater negative correlations were found between need satisfying supervisory support styles and supervisor harassment ($r = -.36$ to $-.44$) as well as between need satisfying colleague support styles and colleague harassment ($r = -.26$ to $-.34$).

In sum, the positive relationship between matching sources, the weak correlations between non-matching sources (e.g., supervisor harassment and family/partner support), and the negative relationships between need satisfying support and harassment provides evidence for both forms of validity. Further evidence for the convergent and divergent validity of the NBSSI is also documented in the following section which explores the construct validity of the scale.

Relationship Between Need Based Social Support and Health & Well-Being

Tables 2.4 and 2.5 show an overall pattern of correlations that support the theoretical underpinnings of need based social support. The more employees are exposed to need satisfying support, the more likely they are to report occupationally related health and well-being. The more employees are exposed to need thwarting support, the less likely they are to report occupationally

related health and well-being. Namely, more autonomous work motivation, global work satisfaction, adaptive coping strategies (i.e., self-help, approach, and accommodation coping), as well as global life satisfaction were related to need satisfying support while weaker levels were related to need thwarting support. The more employees experience need thwarting support, the more likely they are to report occupationally based health and well-being problems such as harassment (by supervisors and colleagues), increased impact of negative events (as a victim and as a witness), emotional exhaustion, intention to quit, maladaptive coping strategies (i.e., avoidance and self-punishment coping), and physical health problems. The opposite was also demonstrated where greater resilience was found when support satisfies the needs. Furthermore, the strongest correlations between the NBSSI and the health and well-being variables were found within the supervisor support scales and the weakest correlations were found within the family/partner source of support.

Amongst the three sources of support, supervisory support style was consistently more strongly related to work specific outcome measures. Notably, between supervisory need thwarting support styles and: reaction to negative events ($r = .26$ to $.30$), PTSD symptoms ($r = .28$ to $.36$), psychological distress ($r = .36$ to $.45$), emotional exhaustion ($r = .37$ to $.39$), and intention to quit ($r = .25$ to $.30$). This pattern was also found for correlations between supervisory need satisfying support styles and more autonomous work motivations ($r = .25$ to $.30$), as well as satisfaction at work ($r = .40$ to $.42$). Furthermore, the NBSSI family/partner support scales showed the strongest correlations with variables that are more distal from work (i.e., life satisfaction and physical health).

Discussion

The purpose of this study was to explore the nature of need based social support as well as its relationship with health and well-being at work. In order to assess need based support, we constructed the NBSSI which is based on SDT and the MLM. The NBSSI assesses the degree to which support provided by supervisors, colleagues, and family/partner in times of distress at work is perceived as satisfying or thwarting the fundamental needs for competence, relatedness, and autonomy. The 26 item measure is comprised of six subscales, assessing three need satisfying and three need thwarting support styles from each of the three sources of support mentioned above.

Overall, the NBSSI showed satisfactory psychometrics. The reliabilities of the 18 subscales were all above .70 which is in line with other SDT-based scales assessing perceptions of interpersonal styles that satisfy and/or thwart the needs such as the MSSQ (Blais et al., 1993), the Therapist Interpersonal Style scale (Pelletier, Tuson, & Haddad, 1997), the General Need Satisfaction Scale (Ilardi, Leone, Kasser, & Ryan, 1993). The reliability coefficients are also in line with the Partner Responses to Cancer Inventory (Manne & Schnoll, 2001) which assesses perceptions of negative and positive support behaviors. Test-retest reliability remains to be evaluated in future studies.

These results also provide promising preliminary evidence for the construct validity of the NBSSI. The six factor structure of the scale was confirmed using CFAs. Satisfactory fit indices were found for each of the three sources of support. These results are in line with the SDT-based scales that were previously mentioned (Blais et al., 1993; Deci & Ryan, 1985b; Ilardi et al., 1993; Pelletier et al., 1997).

Convergent validity was also supported as revealed by the pattern of correlations between the NBSSI scales across the three sources of support (i.e., supervisor, colleagues, family/partner). Moderate to strong correlations were observed among the six styles within the same source of support. This pattern may be indicative of multicollinearity. This, however, is not uncommon among other similar self-report scales examining perception of need satisfaction and thwarting (e.g., Gagné et al., 2010; Kashdan, Mishra, Breen, & Froh, 2009; Niemiec, Ryan, & Deci, 2009).

The strong inter-scale correlations may also be indicative of a hierarchical structure. While each of these styles can be measured separately, they are significantly related and may be combined to form an overall construct/style (either a need satisfying or thwarting support style). Riddle and colleagues (e.g., Baron, Blais, & Riddle, 1998; Riddle & Blais, 1996) reported a third order structure with the Work Motivation Inventory as well as with the MSSQ. A hierarchical CFA conducted on the MSSQ revealed that while the items loaded well within each of their respective six factors (first order analyses) a second order structure was also found where the styles are grouped according to the three basic needs. Furthermore, a third order structure representing an overall composite of motivational leadership was also found. The investigation of a potential hierarchical structure for the NBSSI remains on the agenda for future studies with a larger subject pool.

Further preliminary evidence for the convergent validity of the NBSSI was found in the strong correlations between the supervisory leadership styles (MSSQ) and the NBSSI supervisory support styles. Employees who feel their supervisor offers a need satisfying leadership style will also report that they tend to provide more need satisfying social support in time of distress. The inverse was also found for the need thwarting leadership styles. Similar relationships have been found elsewhere with respect to other helpful and harmful interpersonal behaviors (e.g., harassment). For instance, Léveillé and colleagues (2003) found that employee perception of need satisfying/thwarting supervisory leadership styles predicted perceptions of supervisor harassment as well as colleague and inmate harassment behaviors.

The present results also suggest that support may represent a particular aspect of leadership. The need satisfying/thwarting supervisory leadership styles were systematically strongly correlated with the corresponding need satisfying/thwarting supervisory support styles. While the MSSQ assesses a more global or generic leadership relational style, that is, pertaining to personnel management, social support style is more specific (supporting individuals who are in distress). These results are in line with the work of Yukl, Gordon and Taber (2002) who proposed that “supporting” is one aspect of leadership behavior. Future studies should test a measurement model, involving both the NBSSI and the MSSQ, in order to assess the extent to which these assess different constructs.

In order to better estimate causality and the construct validity of the NBSSI, longitudinal studies are also needed. Studies using larger samples and focused on different occupational settings are also necessary in order to assess the generalizability of NBSS. Finally, the impact of need based social support should also be examined using data other than self-reports such as absenteeism rates and sick leave. This would serve as a more objective assessment of the impact of need based support.

NBSS and Occupational Health & Well-Being

It was postulated, based on the Motivational Leadership Model and SDT, that need satisfying social support would be associated with greater occupational health and well-being. The opposite was expected in terms of need thwarting support. Results systematically supported these hypotheses.

Need based support from supervisors and colleagues was systematically correlated with more adaptive forms of coping. For example, the more employees indicated that their supervisor

satisfied their needs, the more they reported using greater self-help (e.g., getting emotional support from friends and relatives), approach, or accommodation coping. These results support SDT and MLM contentions that employees whose needs are satisfied are more likely to effectively regulate their emotions and choose strategies that will help them overcome the problems they face. Concretely, they would be better able to access and freely express their emotions, to ask for what they need, and feel more competent to solve their own problems.

These findings are in line with past research indicating a significant relationship between social support and more positive forms of coping (e.g., Luo & Wang, 2009; Patterson, 2003; Salami, 2010). In particular, our study qualifies that need satisfying support may help individuals cope better. Our study also found that need satisfying/thwarting social support from supervisors and colleagues is also associated with more autonomous forms of work motivation, increased job and life satisfaction, as well as greater resilience with regard to a set of occupational and more global indicators of ill-being such as burnout, PTSD, and psychological distress. These results echo the work of other researchers who have found similar links between motivation, social support, and subsequently health and well-being. For example, Fernet and Gagné (2006) found that college employees who were more autonomously motivated and perceived greater social support from colleagues were less likely to experience burnout. Social support was also negatively correlated with burnout symptoms after two years in those with low autonomous motivation.

Weinstein and Ryan (2010) found significant relationships between controlled helping and negative outcomes for both the provider and the recipient. That is, when the provider did not feel responsible for the act, both the helper and recipient experienced lower levels of positive affect, vitality, and self-esteem. The opposite was found when the provider engaged in autonomous helping. This study demonstrates the impact of the provider's motivation on the recipient. Our study is different from the Weinstein research in that it focuses on the satisfaction or thwarting of the needs when helping others deal with difficult situations at work and its relationship with occupationally-based health and well-being.

Furthermore, Humphrey, Nahrgang and Morgeson (2007) found a significant relationship between social support, motivation, and health. Specifically, internal work motivation (i.e., intrinsic motivation) and social support were negatively correlated with anxiety, stress, burnout/exhaustion, and overload. Others such as Lu (1999) as well as Van Yperen and

Hagedoorn (2003) have found positive relationships between an employee's extrinsic motivation, lack of social support and health problems such as depression, anxiety, somatic symptoms, and fatigue. These findings are also in line with the research on need satisfying leadership behaviors and job satisfaction (e.g., Blais et al., 1992; Levesque et al., 2004) as well as the work on social support and increased life satisfaction on the part of the recipient (e.g., Martinussen, Richardsen, & Burke, 2007).

Our results also highlight the dark side of social support. Harmful support exists, can be measured, and appears to be related to decreased health and well-being at work. For example, our present findings suggest that supervisors and colleagues who provide need thwarting support are likely to make recipients feel incompetent when trying to deal with their problems, distressed and/or isolated, which will subsequently hinder their ability to handle stress. As such, they would be more likely to engage in maladaptive coping such as blaming themselves for the situation, trying to avoid the problem, and/or ruminating about their problems. These results are consistent with the literature indicating that social support can be ineffective or even harmful when individuals feel incompetent in their coping process (e.g., Beehr, Bowling, & Bennett, 2010; Deelstra et al., 2003; Zellars & Perrewé, 2001). Furthermore, these results are in line with SDT research which shows decreased health and well-being in situations where employees feel controlled, misunderstood, disrespected, or judged; that is, conditions that thwart the needs (e.g., Gagné et al., 2010; Levesque et al., 2004; Lynch, Plant, & Ryan, 2005; Van den Broeck et al., 2008).

Notably, the need thwarting supervisory and colleague support styles were positively correlated with PTSD, impact of negative events, psychological distress, emotional exhaustion, and intention to quit. These findings are consistent with the literature on the impact of low social support or negative interactions on similar stress-related health problems (e.g., Beehr et al., 2010; Bonanno, Galea, Bucciarelli, & Vlahov, 2007; Bourbonnais et al., 2007; Lambert, Hogan, & Altheimer, 2010; Marmar et al., 2006; Patterson, 2003; Prati & Pietrantoni, 2010; Yuan et al., 2010; Zellars & Perrewé, 2001).

Our study also highlights the contribution of three different sources of support on occupational health and well-being. Support stemming from family/partner showed the strongest relationship with global life satisfaction while support from supervisors and colleagues was more strongly related with work-life experiences (e.g., work satisfaction, work motivation). This is

consistent with the literature on organizational versus extra-organizational sources of social support (e.g., Berlin Ray & Miller, 1994; Lambert et al., 2010). In testing an extended version of the Motivational Leadership Model, Blais and colleagues found that extra-organizational relationships (e.g., quality of couples' and friends' relationships) mediated the association between specific work-life health and well-being (e.g., job stress, emotional exhaustion, job satisfaction) and more global health and well-being variables such as life satisfaction, psychological distress, and physical health problems (e.g., Blais, Lachance, & Richer, 1992; Levesque et al., 2004).

An intriguing systematic pattern of correlations was found between the leadership styles and family/partner support styles. Two distinct patterns were seen, one with regard to need thwarting support and one with regard to need satisfying support. Correlations were systematically significant, though weak, when family/partner support thwarted the needs and systematically null when family/partner support satisfied the needs. A possible explanation could be that when support from these close relationships thwarts an employee's psychological needs, this creates additional stress and hindrance in the coping process and thus makes the employee more distressed at work and in general. This in turn, could affect his/her behaviors/attitudes/motivation at work which, as Pelletier and Vallerand (1996) found, would then influence whether the supervisory style satisfies or thwarts the needs. The reverse process is obviously also possible, that is, where the causal chain starts from supervisory style and would then spill over to extra-organizational life (see Blais et al., 1995; Riddle & Blais, 1996; Riddle, Blais, & Hess, 2003). This pattern was not present with regard to need *satisfying* family/partner support, as evidenced by null correlations across the board. Perhaps need thwarting support from close relationships in this particular context (occupational distress in the correctional services) has a stronger effect than need satisfying support.

More studies, such as longitudinal research and in different work settings are needed to examine the dynamics of these important sources of support on occupational health and behavior, as well as on overall wellness. Other studies are also needed with different types of measures as all the questionnaires were self-report and thus vulnerable to common method variance.

In sum, the pattern of relationships found in this research highlights the benefits of receiving need satisfying social support as compared to support that thwarts the needs. Employees who receive need satisfying support are less likely to develop stress-related health

problems (e.g., burnout, psychological distress, PTSD). They are also more likely to develop more autonomous motivation and subsequently experience increased work and life satisfaction. In contrast, while supervisors and colleagues may have good intentions, need thwarting behaviors are likely to hinder the person's ability to effectively manage their work stress (be it chronic or acute) and lead to increased use of ineffective and maladaptive coping strategies. The employee may subsequently be more vulnerable with regard to the development of a variety of stress-related health issues. In addition, they are more likely to experience less autonomous motivation which is linked with decreased work and life satisfaction. Having a more controlled motivation may also lead them to actually thwart the needs of others thus generating a contagion effect.

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Footnotes

¹ According to La Gaipa (1990) autonomy and dependency are multidimensional concepts. Dependency involves a functional or physical helplessness. It can also include psychological aspects and can speak to differences in power in a relationship. Autonomy is defined as feeling free to make choices, to set long-term goals, life priorities, and make commitments.

² To note, the model has alternately been labelled the Motivational Model of Job Burnout.

³ The NBSSI was originally created in English. A back-translation procedure was used to create the French version of the scale which was then validated in the pilot study with francophone university students.

⁴ NBSSI instructions: In difficult times at work, for example when highly stressed, in a conflict or incident, we sometimes turn towards others for help or support. For each of the three groups (supervisor(s), colleagues, person outside work) please indicate to what degree the statements below correspond to the way in which these individuals act towards you at such times.

⁵ Twelve cases were deleted due to a high level of missing values across all variables. Following that, less than 2% was missing in each variable. All cases with missing values were deleted (listwise deletion). The skewness and kurtosis values were normal for all items (skewness below 3.00 and kurtosis values below 10.00). While univariate outliers were found they were not deleted or treated as Tabachnik and Fidell (2001) indicate that outliers within a small portion of the sample may be ignored. While multivariate outliers were found they were not deleted as the Cook's values were all below .10 and leverage was less than 4 times the average value. Multicollinearity was not present (tolerance values were all above .16 and VIF were all below 6.28).

⁶ Barlett's test of sphericity was highly significant, $p < .01$ for all three targets and so factor analysis was considered appropriate. The Kaiser-Meyer-Olkin values for the three targets (supervisor = .95, colleagues = .94, family/partner = .91) indicated that the correlation patterns were relatively compact and so the factor analysis should yield distinct and reliable factors.

Table 2.1

Scale Means, Standard Deviations, Internal Reliabilities & Item Loadings

		Means (Standard deviations)	Reliability coefficients	Loadings ^a
Autonomy	Supervisor	2.02 (1.11)	0.85	.69 to .84
Centered	Colleagues	2.85 (1.09)	0.86	.68 to .86
Support Style	Family/Partner	3.45 (1.30)	0.88	.70 to .89
Competence	Supervisor	2.21 (1.19)	0.91	.78 to .90
Centered	Colleagues	2.90 (1.10)	0.89	.76 to .84
Support Style	Family/Partner	3.60 (1.24)	0.90	.80 to .85
Relational Support Style	Supervisor	1.98 (1.09)	0.89	.76 to .87
	Colleagues	2.86 (1.09)	0.90	.78 to .86
	Family/Partner	3.98 (1.17)	0.87	.67 to .88
Controlling	Supervisor	2.36 (1.38)	0.85	.51 to .84
Support	Colleagues	1.80 (0.97)	0.75	.48 to .73
Style	Family/Partner	1.62 (0.96)	0.74	.43 to .82
Competence	Supervisor	2.29 (1.33)	0.89	.78 to .85
Thwarting	Colleagues	1.87 (1.01)	0.87	.70 to .84
Support Style	Family/Partner	1.47 (0.88)	0.75	.80 to .85
Non-Relational Support Style	Supervisors	2.56 (1.39)	0.88	.60 to .82
	Colleagues	1.98 (1.05)	0.79	.40 to .73
	Family/Partner	1.51 (0.96)	0.71	.54 to .68

$n = 249$ (Supervisor), 254 (Colleagues), 246 (Family/Partner)

Note. Range of all standardized loadings from the CFAs.

Table 2.2

Final CFA Fit Indices for the Three Measures of Need Based Social Support (Supervisor, Colleagues, Family/Partner)

	Supervisor	Colleagues	Family/Partner
χ^2	488.47	636.85	698.25
Normed Chi	1.72	2.24	2.46
CFI	0.99	0.97	0.96
NNFI	0.98	0.97	0.95
RMSEA			
Value	0.05	0.07	0.07
Lower Bound	0.04	0.06	0.07
Upper Bound	0.06	0.07	0.08
SRMR	0.04	0.07	0.06
Modification Indices (factor loadings)	30.75	53.70	112.91

n = 249 (Supervisor), 254 (Colleagues), 246 (Family/Partner)

Table 2.3

NBSSI Inter-Factor Correlations Supervisor (S), Colleagues (C), and Family/Partner (F/P) Subscales

	Autonomy	Competence	Relational	Controlling	Competence thwarting	Non- Relational
Autonomy	1.000 (S) 1.000 (C) 1.000 (F/P)					
Competence	.758 (S) .678 (C) .907 (F/P)	1.000 (S) 1.000 (C) 1.000 (F/P)				
Relational	.865 (S) .694 (C) .804 (F/P)	.767 (S) .864 (C) .839 (F/P)	1.000 (S) 1.000 (C) 1.000 (F/P)			
Controlling	-.365 (S) -.096 (C) -.180 (F/P)	-.350 (S) -.093 (C) -.246 (F/P)	-.404 (S) -.138 (C) -.150 (F/P)	1.000 (S) 1.000 (C) 1.000 (F/P)		
Competence Thwarting	-.412 (S) -.168 (C) -.290 (F/P)	-.549 (S) -.420 (C) -.349 (F/P)	-.471 (S) -.446 (C) -.266 (F/P)	.790 (S) .626 (C) .703 (F/P)	1.000 (S) 1.000 (C) 1.000 (F/P)	
Non- Relational	-.511 (S) -.298 (C) -.188 (F/P)	-.509 (S) -.448 (C) -.256 (F/P)	-.592 (S) -.521 (C) -.320 (F/P)	.759 (S) .598 (C) .512 (F/P)	.819 (S) .765 (C) .506 (F/P)	1.000 (S) 1.000 (C) 1.000 (F/P)

n = 249 (Supervisor), 254 (Colleagues), 246 (Family/Partner)Note. All coefficients are significant at the *p* < .05 level

Table 2.4
NBSSI & MSSQ Inter-Scale Correlations

	Autonomy Leadership	Competence Leadership	Involved Leadership	Controlling Leadership	Incompetence Leadership	Laissez-Faire Leadership
Autonomy Centered						
Supervisor	.653***	.654***	.701***	-.435***	-.518***	-.452***
Colleagues	.154**	.197***	.180**	-.041	-.115*	-.119*
Family/Partner	.004	-.015	-.002	-.054	-.011	.027
Competence Centered						
Supervisor	.603***	.625***	.654***	-.409***	-.541***	-.531***
Colleagues	.214***	.228***	.215***	-.074	-.137**	-.143**
Family/Partner	.057	.045	.040	-.073	-.040	.003
Relational						
Supervisor	.652***	.676***	.721***	-.422***	-.549***	-.501***
Colleagues	.234***	.258***	.277***	-.110*	-.159**	-.179**
Family/Partner	-.023	-.013	.002	-.078	-.051	.000
Controlling						
Supervisor	-.540***	-.544***	-.552***	.523***	.573***	.535***
Colleagues	-.264***	-.322***	-.278***	.339***	.364***	.308***
Family/Partner	-.124*	-.131*	-.121*	.222***	.121*	.052
Competence Thwarting						
Supervisor	-.575***	-.615***	-.608***	.545***	.676***	.609***
Colleagues	-.271***	-.286***	-.287***	.278***	.322***	.250***
Family/Partner	-.111*	-.138**	-.152**	.165**	.109*	.069
Non-Relational						
Supervisor	-.642***	-.648***	-.656***	.546***	.654***	.644***
Colleagues	-.318***	-.359***	-.314***	.287***	.359***	.341***
Family/Partner	-.112*	-.108*	-.129*	.154**	.166**	.131*

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 2.5a
Inter-Scale Correlations Between the NBSSI and Well-Being Variables

	Harassment Supervisor	Harassment Colleagues	Impact Witness	Impact Victim	PTSD	Distress	Emotional Exhaustion	Intention Quit	Work Motivation
Autonomy									
Centered									
Supervisor	-.392***	-.223***	-.190***	-.183***	-.187***	-.188***	-.203***	-.141**	.201***
Colleagues	-.104*	-.257***	-.074	-.117*	-.081	-.159**	-.057	-.105*	.232***
Family/Partner	-.029	-.099*	-.175***	-.235***	-.087	-.031	-.072	.033	.136
Competence									
Centered									
Supervisor	-.358***	-.172**	-.126*	-.138*	-.242***	-.266***	-.215***	-.176***	.230***
Colleagues	-.145**	-.304***	-.083	-.158**	-.107*	-.214***	-.106*	-.162**	.256***
Family/Partner	-.031	-.106*	-.196***	-.233***	-.107*	-.084	-.113*	-.031	.179***
Relational									
Supervisor	-.440***	-.275***	-.170**	-.171**	-.196***	-.241***	-.258***	-.185***	.198***
Colleagues	-.163**	-.345***	-.119*	-.159**	-.064	-.214***	-.127*	-.204***	.225***
Family/Partner	.001	-.091	-.180***	-.214***	-.123*	-.132*	-.091	-.019	.159*
Controlling									
Supervisor	.555***	.264***	.231***	.211***	.279***	.364***	.374***	.246***	-.132*
Colleagues	.394***	.378***	.077	.121*	.228***	.363***	.241***	.231***	-.141**
Family/Partner	.149**	.149**	.131*	.073	.176**	.234***	.220***	.144**	-.093
Competence									
Thwarting									
Supervisor	.567***	.271***	.197***	.237***	.357***	.449***	.381***	.291***	-.184***
Colleagues	.420***	.506***	.088	.128*	.218***	.387***	.231***	.283***	-.197***
Family/Partner	.113*	.156**	.174**	.110*	.152**	.192	.194***	.118*	-.089
Non-Relational									
Supervisor	.573***	.301***	.235***	.222***	.364***	.386***	.391***	.297***	-.209***
Colleagues	.376***	.478***	.168**	.213***	.239***	.363***	.271***	.318***	-.292***
Family/Partner	.166**	.169**	.140**	.131*	.254***	.359***	.284***	.164**	-.169**

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 2.5b

Inter-Scale Correlations Between the NBSSI and Well-Being Variables

	Work Satisfaction	Avoidance Coping	Self-Punishment Coping	Self-Help Coping	Accommodation Coping	Approach Coping	Physical Health Problems	Global Physical Health	Life Satisfaction
Autonomy									
Centered									
Supervisor	.396***	.001	-.079	.206***	.269***	.211***	-.150**	.136*	.182***
Colleagues	.234***	-.018	-.150**	.203***	.228***	.189***	-.155**	.246***	.261***
Family/Partner	.155**	-.041	-.012	.219***	.105*	.106*	-.071	.198***	.276***
Competence									
Centered									
Supervisor	.408***	-.079	-.133*	.125*	.217***	.165**	-.203***	.238***	.166**
Colleagues	.220***	-.058	-.175***	.198***	.272***	.209***	-.124*	.195***	.258***
Family/Partner	.208	-.079	-.060	.233***	.167*	.121*	-.153**	.245***	.331***
Relational									
Supervisor	.419***	-.038	-.082	.162**	.197***	.165**	-.140**	.166**	.199***
Colleagues	.212***	-.057	-.186***	.226***	.232***	.202***	-.139**	.212***	.268***
Family/Partner	.175***	-.128*	-.066	.184***	.104*	.091	-.203***	.243***	.348***
Controlling									
Supervisor	-.261***	.080	.096	-.082	-.070	.041	.244***	-.158**	-.158**
Colleagues	-.253***	.170**	.275***	.003	-.072	-.024	.264***	-.168**	-.190***
Family/Partner	-.088	.242***	.247***	.035	-.088	-.034	.136*	-.099	-.210***
Competence									
Thwarting									
Supervisor	-.374***	.163**	.180***	-.052	-.071	-.034	.276***	-.217***	-.197***
Colleagues	-.276***	.171**	.257***	-.043	-.129*	-.110*	.188***	-.123*	-.275***
Family/Partner	-.059	.276***	.295***	-.069	-.161**	-.145**	.155**	-.110*	-.203***
Non-Relational									
Supervisor	-.360***	.167**	.171**	-.058	-.091	-.029	.282***	-.195***	-.189***
Colleagues	-.313***	.194***	.244***	-.139**	-.145**	-.076	.281***	-.232***	-.287***
Family/Partner	-.101*	.303***	.252***	.013	-.078	-.021	.286***	-.260***	-.319***

* $p < .05$, ** $p < .01$, *** $p < .001$

CHAPTER III

ARTICLE 2

Running head: NEED BASED SOCIAL SUPPORT & OCCUPATIONAL HEALTH

On the Relationships Between Need Based Social Support, Leadership and Occupational
Health in Police Officers

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Abstract

The purpose of this study was to examine the relationships between need based social support, leadership, and occupational health. Police officers ($n = 124$) completed an online questionnaire assessing need based social support from supervisors and colleagues, supervisory leadership style, and stress-related health problems. Results from path analyses indicate that a supervisory leadership style that satisfies the basic needs for relatedness, competence, and autonomy, predicts similar need satisfying supervisory social support style which then predicts colleague support style. Colleague support style along with supervisory leadership style subsequently predicts police work stress, PTSD, psychological distress, and emotional exhaustion. Analyses also provided support for the reliability and the validity of two new measures: the Need Based Support Styles Inventory and the Emergency Personnel Chronic Stress Index.

Keywords: social support, leadership, stress, self-determination theory, police

On the Relationships Between Need Based Social Support, Leadership and Occupational Health In Police Officers

The role of social support in health and well-being at work has been researched for several decades (e.g., Fullerton, McCarroll, Ursano, & Wright, 1992; Oxenstierna, Ferrie, Hyde, Westerlund, & Theorell, 2005; Viswesvaran, Sanchez, & Fisher, 1999). While numerous studies have found that support can be beneficial (e.g., Baruch-Feldman, Brondolo, Ben-Dayana, & Schwartz, 2002; Fullerton, McCarroll, Ursano, & Wright, 1992; Iversen et al., 2008), a number of studies have shown that it can also be linked with ill health and decreased well-being at work (e.g., Beehr, Bowling, & Bennett, 2010; Deelstra et al., 2003; Zellars & Perrewé, 2001). While several authors have provided examples of support behaviors which can be detrimental (e.g., Beehr et al., 2010; Fisher & Nadler, 1976; La Gaipa, 1990; Shumaker & Brownell, 1984; Smith & Goodnow, 1999), relatively few have presented comprehensive theoretical frameworks to explain these paradoxical findings.

The threat to self-esteem model (Fisher, Nadler, & Whitcher-Alagna, 1982; Nadler & Fisher, 1986) is one theory that has been used to explain these findings. Specifically, help that conveys caring and concern on the part of the provider and which supports self-esteem will elicit positive reactions. Help that threatens the recipient's self-esteem and/or elicits feelings of incompetence or inferiority (i.e. self-threatening behaviors), on the other hand, will engender negative reactions. Deelstra and colleagues (2003) found support for this model with a sample of administrative workers.

Beehr, Bowling and Bennett (2010) have utilized social information processing theory (e.g., Bateman, Griffin, & Rubenstein, 1987; O'Reilly & Caldwell, 1985), stress-as-offense to self theory (e.g., Semmer, McGrath, & Beehr, 2005) as well as person-environment fit (P-E fit) theory in order to explain when and why social support fails. In particular, they found that support can be ineffective or cause harm when the behaviors lead the person to focus on the negative and the stress they are experiencing or when it makes the person feel inadequate or incompetent. In general, however, there remains a lack of empirical research assessing the validity of these different models.

Another theoretical framework that is promising in terms of understanding these results is Self-Determination Theory (SDT; Deci & Ryan, 1985). SDT is a meta-theory of human

motivation which has garnered significant empirical support over the years (e.g., Deci & Ryan, 2000; 2008). According to SDT, individuals have three basic psychological needs: the need to experience relatedness, competence, and autonomy. Relatedness is the need to feel connected with others, to be engaged in authentic and harmonious relationships, to feel that you can trust others and that others can trust you, as well as the need to give and to receive support. The need to experience competence refers to seeking out and conquering optimal challenges, feeling mastery as well as efficacy. Autonomy reflects the need to make choices based on who we are as individuals, to endorse those choices, and the need to assimilate and integrate our experiences into a coherent sense of self.

Research conducted over the past 30 years has demonstrated the consequences of need satisfaction and thwarting on health and well-being in different domains, types of relationships, and countries. For example, need satisfaction has been associated with autonomous motivation, job satisfaction, self-efficacy, commitment, psychological health and subjective well-being (e.g., Gillet, Fouquereau, Forest, Brunault, & Colombat, 2012; Gillet, Gagné, Sauvagère, & Fouquereau, 2012; Kovjanic, Schuh, Jonas, Van Quaquebeke, & van Dick, 2012; Moreau & Mageau, 2012). Need thwarting, on the other hand, has been linked with numerous negative outcomes such as burnout, depression, intention to quit, psychological distress, and negative affect (e.g., Balaguer, González, Castillo, Mercé, & Duda, 2012; Bartholomew, Ntoumanis, Ryan, & Thogersen-Ntoumani, 2011; Fernet, Gagné, & Austin, 2010; Ng et al., 2012; Trépanier, Fernet & Austin, 2012).

According to Blais and colleagues (e.g., Blais, 2004; Blais, Hess, Bourbonnais, Saintonge, & Riddle, 1995; Blais, Lachance, & Richer, 1990), occupational support behaviors that thwart rather than satisfy the needs will lead to negative outcomes such as increased distress, exhaustion, and vulnerability to PTSD. The more the needs are chronically thwarted, the more the employee will experience increased occupational stress which over time will result in generalized ill-being (Blais, 2004).

Need thwarting support, for example, would be giving advice in a way that makes the person feel inadequate (competence), controlled (autonomy), unimportant, judged or rejected (relatedness). Support behaviors which satisfy the needs are expected to facilitate coping with stress and lead to increased well-being. For example, need satisfying support can be characterized by helping behaviors where the recipient feels that the provider genuinely cares for

them (relatedness), helps them recognize their resources (competence), and helps them acknowledge, accept, and make sense out of their experience (autonomy).

Van Veeren and Blais (2012) found preliminary support for the application of SDT to social support in a recent study conducted with correctional officers. In order to explore social support from a needs perspective, the Need Based Support Styles Inventory (NBSSI) was developed. The NBSSI is a scale that assesses supervisory and colleague support styles. In particular, it evaluates three need satisfying styles and three need thwarting support styles. The three need satisfying styles are: autonomy centred support, competence centred support, and relational support. The three need thwarting styles are: controlling, competence thwarting, and non-relational support.

The following are examples of each style of support. Support that satisfies the need for autonomy (i.e. autonomy centred support) is characterized by a sense of choice and freedom. In particular, the provider helps the recipient determine what they need. Problem solving is facilitated in competence centred support, where the provider underlines the recipient's strengths and resources. When the provider shows they care about the recipient through active listening and empathy they are providing relational support.

The need for autonomy is thwarted when the recipient is left feeling that they must think or act in a specific way or that they should feel a certain way about the situation (a controlling style). In the case of competence thwarting support, the recipient is left feeling that they are lacking resources and incapable of solving their own problems. When support is provided out of a sense of duty or obligation and does not stem from a genuine concern for the recipient the need for relatedness is thwarted (i.e., non-relational support).

Van Veeren and Blais (2012) provided initial evidence for the reliability and validity of the NBSSI. In particular, they found that need satisfying support was positively associated with health and well-being at work. In addition, need satisfying support was negatively correlated with greater impact of negative events, PTSD symptomatology, psychological distress, emotional exhaustion, and intention to quit. Need satisfying support was also positively correlated with more autonomous work motivation, greater work and life satisfaction, increased physical health, and more adaptive coping styles. The inverse pattern was also found for need thwarting social support.

Blais and colleagues (e.g., Blais, 2004; Bourbonnais & Blais, 2000; Riddle, Blais, & Hess, 2003), through the Motivational Leadership Model, have shown that influential others, such as immediate supervisors, can transmit their leadership style to their subordinates. That is, the more supervisors satisfy versus thwart the three needs, the more colleagues or subordinates will also tend to do so.

With respect to need based social support, Van Veeren and Blais (2012) found that supervisory leadership style was strongly correlated with colleague social support style. This is in line with other studies showing that leaders can influence other subordinate behaviors such as coworker helping and organizational citizenship behaviors (e.g., Mester, Visser, Roodt, & Kellerman, 2003; Piccolo & Colquitt, 2006; Podsakoff, MacKenzie, Paine, & Bacharach 2000; Tsai, Chen, & Cheng, 2009).

Given the research mentioned above, the objective of this study is to further explore the relationships between two sources of need based social support and occupational stress and well-being at work. For this, a path model will be tested. Specifically, we hypothesize that the more a supervisory leadership style satisfies the basic needs the more their support style will also satisfy the needs and this then predicts similar colleague social support style. Need satisfying colleague support style subsequently predicts work stress which then predicts emotional exhaustion, psychological distress, and post-traumatic stress disorder symptomatology.

Method

Participants

The sample consisted of 124 (93 males) French speaking municipal police officers between 21 and 56 years old ($M = 36$). To note, 256 participants initially accessed the questionnaire link. The majority of the participants were working full-time (117 or 94.4%). Their work experience varied between 1 year and 33 years ($M = 14$ years). The majority had obtained a college diploma (60.5%) and were married or in a common-law relationship (75%).

Procedure

The officers were approached through various professional associations and unions. Respondents completed an online questionnaire anonymously and on a voluntary basis. The questionnaire consisted of 6 scales assessing social support, leadership, chronic work stress, emotional exhaustion, psychological distress, and post-traumatic stress disorder symptomatology.

Measures

Need Based Social Support.¹ The NBSSI is a 27-item scale which assesses the six support styles (three need satisfying and three need thwarting).² Respondents are asked to indicate separately to what degree two sources (immediate supervisor and colleagues) engage in the specified behaviors when attempting to help during difficult times at work. Responses are based on a five point Likert-type scale where one represents “not at all” and five “exactly”. Sample items are: (1) autonomy centred support style - “Encourage(s) me to find my own ways of coping with the situation”, (2) competence centred support style - “Helps me have confidence in my abilities to cope with the situation”, (3) relational support style - “I can count on them to listen to me when I need it”, (4) controlling support style - “Decide(s) (for me) what I need”, (5) competence thwarting support style - “Make(s) me feel like they are so much better at dealing with this type of situation than I am”, and (6) non-relational support style - “I feel that they judge me when I talk to them about my problems”. Cronbach’s alpha ranges from .85 to .91 for the supervisor subscale and .75 to .90 for the colleague subscale (Van Veeren & Blais, 2012). Furthermore, the six factor structure of the scale has been supported in previous research (Van Veeren & Blais, 2012). Cronbach’s alpha for the current sample ranges from .78 to .89. In order to test the model, a composite score was created for supervisory social support as well as for colleague social support. The score was calculated through subtracting the need thwarting mean from the need satisfying mean (i.e. need satisfying support – need thwarting support). The higher the score, the greater the support is need satisfying relative to need thwarting.

Leadership. Supervisory leadership style was assessed using the Motivational Supervisory Style Questionnaire (MSSQ; f.v. Blais, Lachance, Brière, Dulude, & Richer, 1991). The MSSQ is a 24-item scale which assesses three need satisfying supervisory styles and three need thwarting supervisory styles. Responses are based on a seven point Likert-type scale from “strongly disagree” to “strongly agree”. Examples of MSSQ items: “My supervisor gives me just enough responsibility” (autonomy oriented supervisory style), “My supervisor’s comments regarding my work are constructive and help me to better accomplish my job” (competence oriented supervisory style), “My supervisor strives to help me when I need it.” (involved supervisory style), “My supervisor watches over my performance at work too closely.” (controlling supervisory style), “My supervisor’s comments take the form of criticism and are not very useful.” (incompetence centered supervisory style) and “My supervisor acts as if he/she

didn't know me." (laissez-faire supervisory style). Internal consistency values range from .76 to .94 and test-retest values from .43 to .62 (Blais et al., 1991; Van Veeren & Blais, 2012). Cronbach's alpha for the current sample ranges from .73 to .81. The factorial structure of the MSSQ has been validated using Confirmatory Factor Analyses (Blais, 2004; Blais et al., 1991; Riddle & Blais, 1996). A composite score for leadership was calculated using the same method as for the NBSSI.

Police work stress. Chronic job stress was assessed using the Emergency Personnel Chronic Stress Index (EPCSI). The EPCSI is an adapted form of the Sources of Occupational Stress Scale (Beaton & Murphy, 1993) as well as the Police Daily Hassles Scale (Hart, Wearing, & Headey, 1993; 1994).³ The scale consists of 36 items identifying specific sources of stress in police work. Responses are based on a 7-point Likert-type scale from one ("strongly disagree") to seven ("strongly agree"). Sample items include "Memories of past calls that have been particularly upsetting/disturbing" and "Conflict/problems with superior(s)". A higher score indicates greater levels of stress. Cronbach's alpha for the officer sample is .92.

Post-traumatic stress disorder (PTSD). PTSD was assessed using the Impact of Events Scale-Revised (IES-R; Weiss & Marmar, 1997; f.v., Brunet, Saint-Hilaire, King, & Jehel, 2003). The 22-item scale assesses avoidance, intrusive reactions, and hypervigilance following a traumatic incident in the past month. The severity of the symptoms are rated using a Likert-type scale from one ("not at all") to five ("extremely"). Sample items: "I tried not to think about it" (avoidance), "Pictures about it popped into my mind" (intrusion), "I was jumpy and easily startled" (hypervigilance). Respondents were also asked to indicate exposure to traumatic events (e.g., war, natural disaster) and severity of their reaction to those events. Higher scores are indicative of greater severity of PTSD symptoms. Test-retest reliability coefficients range from .89 to .94 (Weiss & Marmar, 1997) and Cronbach's alpha ranges from .81 to .97 (Brunet et al., 2003; Van Veeren & Blais, 2012). Cronbach's alpha for the current sample is .94.

Psychological distress. Psychological distress was measured using a 14-item version of the Psychiatric Symptom Inventory (Ilfeld, 1978; f.v. Kovess, Murphy, Tousignant, & Fournier, 1985). Respondents indicate how often they have experienced anxiety (e.g., "Felt tense or under pressure"), depression (e.g., "Easily cried or on the verge of crying"), hostility (e.g., "Found yourself easily contrary or irritated"), and cognitive symptoms (e.g., "Had difficulty remembering things") in the past month. Responses are rated on a four-point scale from zero ("never") to four

("all the time") where higher scores indicate greater psychological distress. Cronbach's alpha ranges from .94 to .96 for the French version with a test-retest coefficient of .60 (Blais, 2004; Van Veeren & Blais, 2012). Cronbach's alpha for the sample is .89.

Emotional exhaustion. The nine item Emotional Exhaustion subscale from the Maslach Burnout Inventory was used to assess emotional exhaustion (Maslach & Jackson, 1986; f.v. Blais, Richer, Lachance, & Dulude, 1991). Respondents are asked to indicate on a seven-point scale (from "never" to "every day") how often they have experienced certain reactions. Higher scores indicate higher levels of emotional exhaustion. Test-retest coefficient is .75, with Cronbach's alpha ranging from .89 to .93 (Blais, 2004; Blais et al., 1991; Van Veeren & Blais, 2012). The reliability coefficient for the current sample is .75.

Results

Psychometric Properties of the Scales

Descriptives and Internal Reliability. Means, standard deviations, and distributions for the items are normal.⁴ Reliability coefficients are satisfactory across all scales (all above .73). Scale information is presented in Table 3.1.

[Insert Table 1 about here]

Scale correlations. All correlations between supervisory leadership styles and supervisory support styles were significant and in the expected directions.⁵ As predicted, need satisfying supervisory leadership styles were significantly negatively correlated with stress-related outcomes. Need thwarting support styles were positively correlated with stress-related health problems. In general, correlations were systematically stronger, albeit only slightly, with respect to colleague support styles as compared to supervisory support styles (see Tables 3.2a and 3.2b).

[Insert Tables 2a and 2b about here]

Need Based Social Support and Occupational Stress Model

Path analyses. The Need Based Social Support and Occupational Stress model populating the relationships between leadership, social support, and stress-related ill-health was evaluated through Structural Equation Modeling using AMOS. Three separate analyses were conducted for each stress-related outcome: emotional exhaustion, psychological distress, and PTSD. The fit indices for all models can be found in Table 3.3 and a summary of path statistics

integrating the results from the three analyses can be found in Figure 3.1. All relationships were significant at the $p < .05$ level for all models tested.

[Insert Table 3 about here]

In the initial model, supervisory leadership style predicts supervisory support style which then predicts colleague support style. Colleague support style subsequently predicts job stress which then predicts emotional exhaustion. This model explains 30.6% of the variance of emotional exhaustion. Some fit indices for the model were not acceptable (normed chi = 3.17, $RMSEA = .133$, $RMSEA$ lower bound = .069, $RMSEA$ upper bound = .202, $CFI = .916$). In particular, the modification indices recommended a direct path between supervisory leadership style and job stress.

A new model (Adjusted Model 1) was thus postulated with this additional path. This adjusted model explains 30.8% of emotional exhaustion. The majority of the fit indices were acceptable (normed chi = 1.444, $RMSEA = .060$, $RMSEA$ lower bound = .000, $CFI = .986$). The hypothesis of poor fit, however, cannot be rejected given the $RMSEA$ upper bound value ($RMSEA$ upper bound = .149). No modification indices were indicated. This adjusted model was also suggested and tested in subsequent models. The majority of the fit indices were satisfactory (normed chi for the model = 1.07, $RMSEA = .024$, $RMSEA$ lower bound = .000, $CFI = .998$). The $RMSEA$ upper bound, however, exceeds the recommended value ($RMSEA$ upper bound = .129). The psychological distress model explains 29% of the variance. The PTSD model predicts 17% of the variance and the majority of the fit indices are also satisfactory (normed chi = 3.33 and $CFI = .915$). However, the $RMSEA$ values are problematic ($RMSEA = .138$, lower bound = .068, upper bound = .213).

Discussion

The objective of this study was to examine the relationships between need based social support, supervisory leadership, and occupational health. Need based leadership and support styles were postulated to predict occupational health-related outcomes. Overall results support the hypothesized model where supervisory leadership styles that satisfy the needs, as compared to thwarting them, are associated with a similar pattern of need satisfying supervisory and colleague social support which, in turn, are negatively related to stress, exhaustion, and PTSD symptomatology.

SEM analyses did, however, suggest adding a direct link between supervisory leadership style and job stress. The addition of this link is not surprising as supervisors can generate considerable occupational stress or support resilience given their widespread influence on multiple aspects of an employee's work life (e.g., schedule, decision-making, evaluations, feedback; Blais, 2004).

The more a supervisor's leadership style satisfies the basic needs for autonomy, competence, and relatedness, the more likely he/she will also provide need satisfying social support when employees need help. The same pattern applies with regard to need thwarting styles. These findings echo previous research indicating that more global styles of leadership are predictive of other more specific behaviors. For example, Blais and colleagues have found that need thwarting supervisory leadership styles are associated with specific negative behaviors such as supervisory harassment (e.g., Léveillé, 2012; Van Veen & Blais, 2012). Aryee, Chen, Sun and Debrah (2007) have found that supervisors with an authoritarian leadership style, that is, a more controlling form of leadership (i.e., thwarting autonomy), also tend to engage in abusive behaviors towards their subordinates.

Employees are also more likely to perceive their colleagues as providing need satisfying social support when their supervisor also provides need satisfying social support. These results are in line with the literature showing that subordinates learn from and emulate their leader (e.g., Bass, Waldman, Avolio, & Bebb, 1987; Choi & Mai-Dalton, 1999; Luthans & Avolio, 2003; Mayer, Kuenzi, Greenbaum, Bardes, & Salvador, 2009). For example, Riddle and colleagues have found significant relationships between supervisory and colleague leadership styles that either satisfy or thwart the needs (e.g., Riddle, Blais, & Hess, 2003).

Police officers were less likely to report job specific stress when they indicated that their supervisor and their colleagues engaged in more need satisfying rather than thwarting styles. These results are in line with the literature suggesting that supervisors and colleagues can either be a significant source of stress or a significant buffer against stress and can even facilitate resilience (e.g., Babin & Boles, 1996; Bakker, Demerouti, & Euwema, 2005; Beehr et al., 2010). For example, leadership styles that promote feelings of competence and relatedness, where employees feel valued and cared for, have been associated with decreased job stress and more positive affect (e.g., Lyons & Schneider, 2009; Sosik & Godshalk, 2000; Tsai, Chen, & Chen, 2009). Need thwarting styles that are not supportive and convey indifference, a lack of

consideration, or focus on failure or mistakes have been linked with increased job stress and negative affect (e.g., Rowold & Schlotz, 2009; Skogstad, Einarsen, Torsheim, Aasland, & Hetland, 2007). Several studies have reported that the way in which and degree to which colleagues offer social support has a significant effect on occupational stress levels (e.g., Luszczynska & Cieslak, 2005; Sterud, Hem, Ekeberg & Lau, 2008; Sundin, Hochwalder, Bildt, & Lisspers, 2007).

Results further illustrate the role of the work social environment (i.e. leadership and social support) on job stress and occupational ill-health. Through increasing chronic job stress, an employee is more likely to develop psychological distress and emotional exhaustion and is more vulnerable to PTSD when exposed to traumatic events. These results are in line with several studies which have found significant relationships between leadership, social support, coping, and ill-health (e.g., Harland, Harrison, Jones, & Reiter-Palmon, 2005; Ito & Brotheridge, 2003; Iversen et al., 2008; Luo & Wang, 2009; Salami, 2010; Stordeur, D'Hoore, & Vandenberghe, 2001).

We noted that very little empirical work has been presented to explain when and why support will fail to help or even be harmful. This study provides evidence that support styles that are controlling, that make the recipient feel that he/she is incompetent (or lacks knowledge, skills, or abilities for that matter), and that convey judgmental and rejecting behavior may be associated with ill health and decreased well-being at work.

Results of the present study also provide additional support for the reliability and validity of the NBSSI⁶ and preliminary psychometrics for the Emergency Personnel Chronic Stress Index. Overall, the NBSSI showed satisfactory reliabilities as the 12 scales were all above .78. These coefficients are in line with other SDT-based scales (e.g., Pelletier, Tuson, & Haddad, 1997) and other social support scales (e.g., Manne & Schnoll, 2001).

The pattern of inter-scale correlations with leadership styles, a related construct, is indicative of the convergent validity of the NBSSI. Need satisfying and thwarting supervisory leadership styles were significantly correlated with their respective need satisfying or thwarting supervisory support styles. In addition, the need thwarting support styles were systematically positively correlated with the stress-related outcome variables whereas the need satisfying support styles were negatively correlated with these variables. Furthermore, the results also

provide evidence for the construct validity of the NBSSI by empirically validating the Need Based Social Support and Stress at Work model which is based on SDT postulates.

In addition, this study also provides satisfactory psychometric evidence for the Emergency Personnel Chronic Stress Index. The internal consistency/reliability was satisfactory (Cronbach's $\alpha = .91$) and the pattern of inter-scale correlations also provides evidence for the convergent validity of the scale. Specifically, the EPCSI was significantly positively correlated with the other stress-related measures utilized in this study.

Future studies with longitudinal data and larger samples sizes would be needed in order to further assess the validity of the model. Studies with larger samples would allow for the assessment of SEM measurement models. In addition, exclusive self-report assessment renders the methodology vulnerable to common method variance. Hence, additional studies with measures stemming from multiple sources would be advisable.

This study has contributed to the area of social support by further exploring its dual nature with the application of a meta-theory of human motivation. SDT clearly states that basic psychological need satisfaction promotes growth, adaptation and enables individuals to flourish. Thwarting of the three needs, either in a chronic or acute manner, can result in distress, illness, and maladaptive behavior (Blais, 2004). Furthermore, this research contributes through providing additional evidence for the relationship between leadership and social support. Specifically, it suggests that there may be a chain of influence from supervisory leadership style to supervisory support style and subsequently to colleague support style. This study also contributes to the research on SDT through providing further evidence of the role of need satisfaction and thwarting in occupational stress, ill-health, and well-being. Finally, the study contributes by providing additional information regarding the reliability and validity of the NBSSI and the EPCSI.

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Notes

¹ The original NBSSI and the chronic stress measure were created in English. A back-translation procedure was used to create the French version of the scales. The French version of the NBSSI was then validated in a study with francophone university students and Quebec correctional officers (Van Veeren & Blais, 2012).

² NBSSI instructions: In difficult times at work, for example when highly stressed, in a conflict or incident, we sometimes turn towards others for help or support. For each of the two groups (supervisor and colleagues) please indicate to what degree the statements below correspond to the way in which these individuals act towards you at such times.

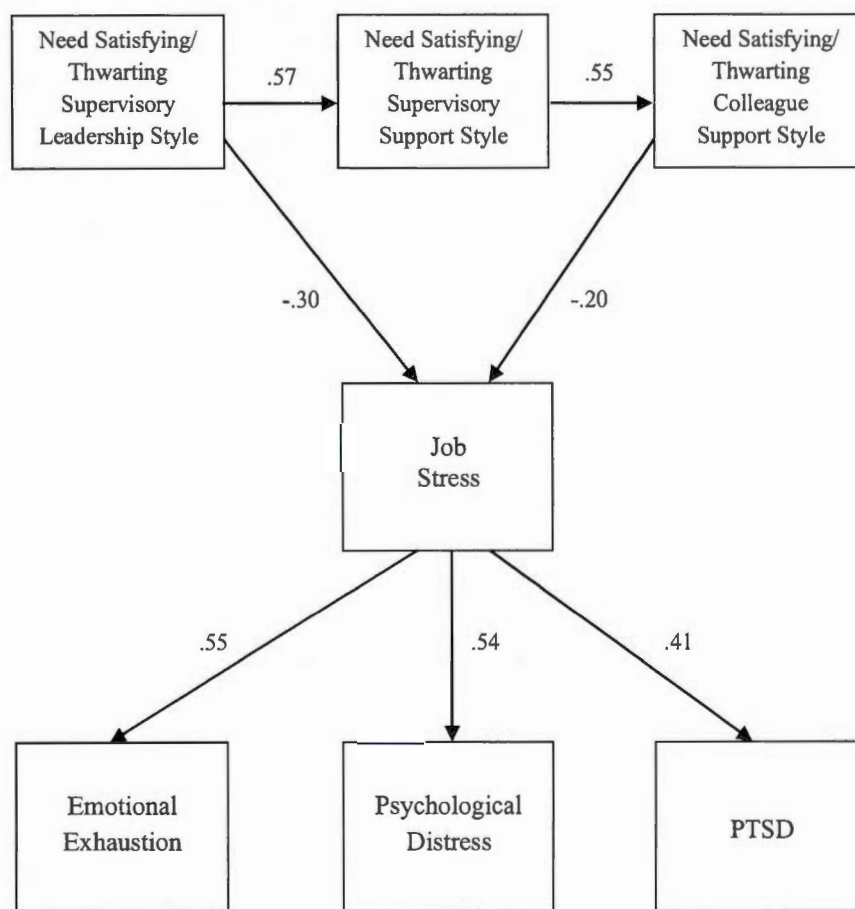
³ These measures were adapted in order to create a scale that was applicable to the different types of emergency personnel (e.g., police officers, firefighters, paramedics).

⁴ All cases with missing values were deleted (listwise deletion). Skewness was below 3.00 and kurtosis less than 10.00. Univariate outliers were present but were not deleted or treated as they represented a small portion of the sample (see Tabachnik & Fidell, 2001). While multivariate outliers were found they were not deleted as the leverage was less than .50 and Cook's values were less than 1. Multicollinearity was not present (tolerance values were all above .10 and VIF were all below 10).

⁵ Need thwarting supervisory leadership styles were positively correlated with need thwarting supervisory support styles. Need satisfying supervisory leadership support styles were positively correlated with need satisfying supervisory support styles. Need thwarting supervisory support styles were negatively correlated with need satisfying supervisory support styles. Need satisfying supervisory support styles were negatively correlated with need thwarting supervisory support styles.

⁶ The initial psychometrics of the NBSSI were assessed in a study by Van Veeren and Blais (2012) with a sample of correctional officers.

Figure 3.1. Need Based Social Support and Stress at Work Model: Integrated Results from the Three SEM Analyses



Note. All paths were significant at the $p < .05$ level. The three paths to the different outcome variables were tested independently in adjusted model 1 (emotional exhaustion), model 2 (psychological distress), and model 3 (PTSD).

Table 3.1

Means, Standard Deviations, Internal Reliabilities

	Mean	Standard Deviation	Reliability (Cronbach's Alpha)
Supervisory Social Support Style	.84	1.51	
Autonomy Centred Support Style	2.68	.93	.80
Competence Centred Support Style	2.82	.95	.87
Relational Support Style	2.77	.99	.89
Controlling Support Style	2.02	.90	.82
Competence Thwarting Support Style	1.77	.88	.86
Non-Relational Support Style	1.91	.90	.85
Colleague Social Support Style	1.66	1.29	
Autonomy Centred Support Style	3.15	.94	.83
Competence Centred Support Style	3.29	.91	.86
Relational Support Style	3.39	.96	.88
Controlling Support Style	1.61	.68	.83
Competence Thwarting Support Style	1.60	.73	.83
Non-Relational Support Style	1.64	.68	.78
Supervisory Leadership Style	1.09	2.01	
Autonomy Supervisory Style	3.79	1.14	.74
Competence Supervisory Style	3.46	1.37	.79
Relational Supervisory Style	4.29	1.32	.81
Controlling Supervisory Style	3.12	1.31	.75
Incompetence Supervisory Style	2.67	1.18	.73
Laissez-Faire Supervisory Style	2.38	1.29	.77
Police Work Stress	2.91	.83	.91
PTSD	1.83	.69	.94
Psychological Distress	1.81	.48	.89
Emotional Exhaustion	2.92	.87	.75

n = 118 - 128

Note. The NBSSI and the PTSD scales range from 1 to 5. The police work stress, leadership and emotional exhaustion scales range from 1 to 7. The psychological distress scale ranges from 1 to 4.

Table 3.2a
Inter-Scale Correlations

	Supervisory Support Styles						Colleague Support Styles					
	Auto	Comp	Rela	Non- Rela	Cont	Incomp	Auto	Comp	Rela	Non- Rela	Cont	Incomp
Supervisor Support												
Autonomy	1.000											
Competence	.884***	1.000										
Relational	.738***	.760***	1.000									
Non-Relational	-.363***	-.371***	-.308***	1.000								
Controlling	-.426***	-.443***	-.357***	.741***	1.000							
Competence						1.000						
Thwarting	-.547***	-.560***	-.473***	.738***	.801***	1.000						
Colleague Support												
Autonomy	.552***	.496***	.338***	-.174*	-.263**	-.256**	1.000					
Competence	.461***	.504***	.307***	-.141	-.204*	-.195*	.865***	1.000				
Relational	.356***	.438***	.487***	-.119	-.203*	-.236**	.751***	.754***	1.000			
Non-Relational	-.177*	-.151*	-.094	.672***	.556***	.613***	-.256**	-.196*	-.206*	1.000		
Controlling	-.132	-.111	-.068	.446***	.580***	.470***	-.394***	-.362***	-.288***	.734***	1.000	
Competence											1.000	
thwarting	-.231**	-.223**	-.159*	.515***	.536***	.656***	-.456***	-.442***	-.414***	.726***	.731***	1.000
Leadership												
Autonomy	.476***	.483***	.398***	-.334***	-.374***	-.508***	.176*	.166*	.197*	-.277***	-.191*	-.262**
Competence	.446***	.498***	.430***	-.237**	-.299***	-.400***	.115	.134	.148	-.086	-.020	-.090
Involved	.345***	.404***	.353***	-.322***	-.394***	-.544***	.111	.174*	.187*	-.222**	-.205*	-.296***
Controlling	-.278***	-.231**	-.269**	.374***	.284***	.374***	-.033	.006	-.061	.221**	.119	.134
Incompetence	-.316***	-.337***	-.245**	.500***	.522***	.560***	-.230**	-.133	-.188*	.348***	.290***	.310***
Laissez-Faire	-.432***	-.445***	-.355***	.379***	.487***	.566***	-.278***	-.250**	-.214**	.272**	.294***	.334***
Police Work Stress	-.077	-.016	-.068	.212**	.195*	.258**	-.180*	-.153*	-.175*	.230**	.283***	.303***
PTSD	-.175*	-.101	-.093	.198*	.157*	.231**	-.170*	-.169*	-.100	.224**	.274**	.330***
Psychological Distress	-.071	-.068	-.079	.106	.123	.170*	-.120	-.104	-.083	.198*	.294***	.180*
Emotional Exhaustion	-.037	-.052	-.018	.201*	.245**	.312***	-.142	-.103	-.121	.217**	.330***	.328***

$n = 118 - 128$, * $p < .05$, ** $p < .01$, *** $p < .001$

Table 3.2b

Inter-Scale Correlations

Leadership Style	Leadership					PTSD	Psy Distress	EE
	Auto	Comp	Invo	Cont	Inco	Laissez	Stress	
Autonomy	1.000							
Competence	.729***	1.000						
Involved	.777***	.666***	1.000					
Controlling	-.504***	-.446***	-.546***	1.000				
Incompetence	-.561***	-.546***	-.538***	.621***	1.000			
Laissez-Faire	-.569***	-.555***	-.600***	.511***	.680***	1.000		
Police Work Stress	-.207*	-.137	-.221**	.380***	.390***	.326***	1.000	
PTSD	-.065	.103	-.124	.124	.068	.071	.406***	1.000
Psychological Distress	-.090	-.059	-.116	.231**	.295***	.261**	.537***	.418***
Emotional Exhaustion	-.103	-.038	-.214**	.285***	.324***	.314***	.553***	.312***
								.526***
								1.000

 $n = 118 - 128$ * $p < .05$, ** $p < .01$, *** $p < .001$

Table 3.3
SEM Path Analyses Fit Indices

	Normed Chi	CFI	RMSEA		
			Value	Lower Bound	Upper Bound
Original Model	3.17	.916	.133	.069	.202
Model 1 – Outcome Emotional Exhaustion	1.44	.986	.060	.000	.149
Model 2 – Outcome Psychological Distress	1.07	.998	.024	.000	.129
Model 3 – Outcome PTSD	3.33	.915	.138	.068	.213

$n = 118$ to 124

CHAPTER IV
GENERAL DISCUSSION

The purpose of this thesis was to explore the nature of need based social support as well as its relationship with health and well-being at work. A new measure of need based social support, based on SDT, was created and assessed. The NBSSI measures the degree to which support behaviours, on the part of supervisors, colleagues and family/partner, are perceived as need satisfying or thwarting during stressful times at work. The two studies were conducted with employees in high stress occupations. That is, with police and correctional officers. The first study was conducted in order to assess the psychometric properties of the NBSSI and to explore the relationships between its subscales and various determinant and outcome measures. In the second study, these relationships were further explored using a path model. Specifically, we examined the links between the two organizational sources of social support, supervisory and colleague support, and stress-related health measures.

The results from both studies indicate that the NBSSI has satisfactory psychometric properties. The reliabilities for all subscales were above .70 in both samples. In terms of construct validity, CFAs supported the six factor structure of the NBSSI for the three sources of support. The pattern of correlations between the NBSSI and the different constructs in both studies provided further evidence in support of its construct validity. That is, the need satisfying styles were systematically positively correlated with global health and well-being indicators and negatively correlated with the stress-related outcome measures. The opposite was also found with regard to the need thwarting styles.

An important objective of this thesis was to better understand the paradoxical results found in the literature with regard to the effect of social support. The results of both studies suggest that SDT provides a useful framework for explaining these findings. In line with SDT and the MLM, more positive outcomes were expected when employees were exposed to need satisfying support and more negative outcomes when exposed to need thwarting support. The results from both studies systematically supported these hypotheses with regard to the three sources of support.

More specifically, we found that recipients of need satisfying support are less likely to experience occupational stress and are more likely to engage in more adaptive forms of coping. As a result, they are less likely to develop stress-related health problems (e.g., burnout, psychological distress, PTSD). In addition, they are more likely to experience more autonomous forms of motivation as well as increased work and life satisfaction. Need thwarting support, while it may stem from the best of intentions, was associated with increased occupational stress and more maladaptive coping strategies. As a result, an employee is more likely to develop stress-related health problems and experience ill-being such as decreased work and life satisfaction.

The results of both studies are in line with MLM contentions that employees are more likely to engage in healthy emotional regulation and problem solving when the fundamental needs are satisfied (e.g., Blais, 2004; Blais et al., 1995). Under such conditions individuals would be more likely to responsibly express their feelings and what they need from others as well as be able to solve their problems. As a result, they may also experience greater health and well-being even in times of distress. When the needs are thwarted, the employee is more likely to experience increased distress, feelings of incompetence, and isolation. Coping is subsequently hindered and the person is more likely to engage in behaviours such as self-blame, avoidance, and/or rumination. As a result, the employee may also experience decreased health and well-being.

These findings are also consistent with other SDT research that has found that need thwarting behaviors are associated with decreased health and well-being (e.g., Gagné et al., 2010; Houliort & Sauvé, 2010; Lynch, Plant, & Ryan, 2005; Milyavskaya & Koestner, 2011; Van den Broeck et al., 2008). For example, Gillet and colleagues found that need thwarting was negatively correlated with work satisfaction, happiness, and self-realization (Gillet, Fouquereau, Forest, Brunault, & Colombat, 2012). These results also echo previous studies which have explored the role of social support in various aspects of health and well-being (e.g., Garland, Hogan, & Lambert, 2012; Luo & Wang, 2009; Salami, 2010; Sterud, Hem, Ekeberg, & Lau, 2008).

This research also underscored the role of different sources of support with regard to various aspects of health and well-being. In the first study, the strongest relationships were found between organizational sources of support and the work-based elements of health and well-being as compared to support from extra-organizational sources. The latter, on the other hand, was more strongly linked with global wellness indicators. The second study subsequently provided further evidence that both supervisors and colleagues can be important organizational sources of support and can play a significant role in work-related health. These findings echo previous research on the impact of different sources of support on different facets of health and well-being (e.g., Berlin Ray & Miller, 1994; Lambert et al., 2010).

These results also shed light on a potential antecedent of occupational social support, that is, supervisory leadership style. The supervisory leadership styles and matching supervisory support styles were systematically strongly correlated in both studies. Furthermore, in the second study, supervisory leadership style predicted supervisory support style. These findings are in line with the research suggesting that global supervisory leadership style is predictive of more specific behaviours such as social support. For example, Léveillé (2012) found that need thwarting supervisory leadership styles predicted supervisor harassment. In addition, Aryee, Chen, Sun and Debrah (2007) found that authoritarian supervisory leadership was linked to abusive supervisory behaviours. In viewing leadership as a global disposition, social support can then be characterized as a contextual behaviour or a sub-dimension of leadership. More specifically, as behaviours that a supervisor engages in when trying to help a subordinate cope with difficult and/or stressful situations. This view of leadership echoes the work of Yukl and colleagues on a contextual conceptualization of leadership (e.g., Yukl, 2012; Yukl, Gordon, & Taber, 2002; Yukl & Lepsinger, 2008). They posit four meta-categories of leadership behaviours - that is, task-oriented, relations-oriented, change-oriented and external behaviours. Relations-oriented behaviours include social support as they are focused on improving the quality of leader-subordinate relationships and increasing cooperation, commitment, and subordinate satisfaction. In particular, they include supporting, developing, recognizing, and empowering. Yukl and colleagues posit that supporting behaviours (e.g., listening, providing encouragement) occur when a subordinate needs help dealing with difficult or stressful situations (e.g., Yukl, 2009; 2012). While they assessed the presence of supporting behaviours using the Managerial

Practices Survey they do not assess outcomes as a function of need satisfaction/thwarting. As such, this thesis goes beyond this conceptualization of leadership and social support by highlighting that there are important qualitative differences in the way individuals provide support. These differences, in turn, result in vastly different responses by the recipient. Future empirical studies are needed, however, to assess the relationships between leadership and need based support.

The results also suggest that support style may be transmitted from supervisor to subordinates. Matching supervisory support styles and colleague support styles were strongly positively correlated in both samples. For example, the more respondents reported that their supervisor supported autonomy, the more they reported that colleagues did as well. Indeed, supervisory support style was found to predict colleague support style in the second study. This pattern was found with regard to both need satisfying as well as need thwarting styles. These findings echo previous research suggesting that subordinates learn from and imitate their supervisor (e.g., Bass, Waldman, Avolio, & Bebb, 1987; Choi & Mai-Dalton, 1999; Luthans & Avolio, 2003; Mayer, Kuenzi, Greenbaum, Bardes, & Salvador, 2009). For example, Riddle and colleagues have found that subordinates tend to engage in the same profile of need satisfying or thwarting behaviours as their supervisor (e.g., Riddle, Blais, & Hess, 2003).

The findings from this thesis with regard to the transmission of support styles have significant implications when combined with those from the contagion literature (e.g., Aryee et al., 2007; Mayer et al., 2009; Radel et al., 2010). Different causal chains of influence may exist with regard to need satisfying/thwarting support. For instance, a supervisor's support behaviours likely influence his/her subordinate's support behaviours. Subordinates, in turn, likely influence each other's support behaviours. An additional chain may also be present whereby need satisfying/thwarting support from family/partner may influence the way in which an employee offers support to his/her colleagues. This would subsequently influence the way that his/her colleagues offer support to others. While the relationship between supervisory and colleague support style were tested, the rest of these chains must be examined in future research.

Furthermore, the analyses that were conducted within the framework of this research were correlational and as such future studies are needed to assess causality.

The literature on SDT also points to other potential phenomena with regard to the impact of motivation as related to social support. In line with the work of Weinstein and Ryan (2010), the motivation of providers is expected to influence their helping behaviours (i.e. need satisfaction/thwarting style) which will then affect the recipient. More specifically, a supervisor who is autonomously motivated is more likely to offer need satisfying social support. A supervisor with a more controlled form of motivation, on the other hand, would be expected to engage in more need thwarting forms of support. This effect may also be reinforced by the recipient's inferences with regard to the provider's motivation. In particular, the work of Radel and colleagues (2010) suggests that a recipient is more likely to interpret support behaviours as need satisfying when they believe their provider to be intrinsically motivated. The opposite would be expected when the recipient believes the support provider is extrinsically motivated. These patterns, however, must be tested in future research.

Finally, the work of Radel and colleagues (2011) has intriguing implications with regard to the different sources of support. In particular, when organizational sources of support thwart the needs, individuals may be motivated to seek out need satisfying support elsewhere. Notably, engaging in a restorative process by obtaining need satisfying support from partner/family. The opposite may also prove true when the needs are thwarted by family/partner support behaviours. As such, the person may actively look for need satisfying support at work. These patterns, along with the general adaptation syndrome and the restorative process as applied to social support, are interesting avenues for future studies.

All measures in both studies, however, were self-report and as such there is the issue of common method variance. The consequences of need based support should thus be examined using other types of data (e.g., absenteeism rates, sick leave). Both studies were exploratory and correlational in nature and thus we cannot infer causality. Additional studies with larger samples are also needed for greater statistical power. They would also be needed in order to conduct SEM

on the Need Based Social Support, Occupational Health and Well-Being Model (extended MLM). Longitudinal data would also provide a more rigorous test of the construct validity. The generalizability of need based social support should also be assessed using workers from different occupations. Future studies should also test a measurement model which includes both the NBSSI and MSSQ to assess their distinctiveness. Test-retest reliability of the NBSSI also remains to be evaluated. Future studies are also needed to explore the relatively strong correlations between the NBSSI and a potential hierarchical structure as was found with the MSSQ (e.g., Baron, Blais, & Riddle, 1998; Riddle & Blais, 1996).

In sum, this thesis contributes by introducing the construct of need based social support and highlighting how the satisfaction or thwarting of the fundamental needs can explain the paradoxical findings with regard to social support. A new measure to assess need based support was developed which showed satisfactory psychometrics. Indeed, it may prove to be an invaluable tool in pursuing research on need based support and its impact on health and well-being both within and outside of organizational settings. This research also contributes through providing additional evidence with regard to the relationships between organizational and extra-organizational support and different facets of health and well-being. It also highlights the relationship between leadership and social support. Furthermore, it provides additional evidence in support of the relationships found in the MLM and a growing body of studies, specifically with regard to the impact of need based leadership on health and well-being.

Figure 1.1
Taxonomy of Motivations

BEHAVIOUR	CONTROLLED	AUTONOMOUS				
Type of Motivation	Amotivation	Extrinsic Motivation				Intrinsic Motivation
Type of Regulation	Nonregulation	External Regulation	Introjected Regulation	Identified Regulation	Integrated Regulation	Intrinsic Regulation

APPENDIX A

ARTICLE 1 QUESTIONNAIRE

UQAM



La violence dans votre environnement de travail

Voici des situations qui peuvent se produire lors de votre travail. Elles sont divisées en deux groupes, **témoin** et **personnellement impliquée**. Dans les colonnes de gauche, indiquez le nombre de fois que vous avez vécu chaque situation **durant la dernière année** et **dans votre carrière**.

Puis, en utilisant l'échelle à droite, encerclez le chiffre qui indique dans quelle mesure cette situation vous a bouleversé(e) ou affecté(e); faites-le en vous référant à la situation qui vous a le plus marqué, peu importe quand elle s'est produit.

Si vous n'avez pas vécu ce type de situation, encerclez N/A.

Pas vécu	Pas du tout affecté	Un peu affecté	Moyennement affecté	Très affecté	Extrêmement affecté
N/A	1	2	3	4	5

Voici des situations dont vous avez pu être **TÉMOIN** dans le cadre de votre travail :

	Nb de fois Dernière année	Nb de fois en carrière							
1.			Tentative de suicide, de mutilation ou suicide d'un détenu	N/A	1	2	3	4	5
2.			Feu provoqué par un ou plusieurs détenus	N/A	1	2	3	4	5
3.			Désordre ou émeute	N/A	1	2	3	4	5
4.			Altercation physique entre détenus	N/A	1	2	3	4	5
5.			Meurtre d'un détenu	N/A	1	2	3	4	5
6.			Attaque physique contre un collègue	N/A	1	2	3	4	5
7.			Séquestration d'un collègue par un ou plusieurs détenus	N/A	1	2	3	4	5

Voici des situations où vous avez pu être **PERSONNELLEMENT IMPLIQUÉ** dans le cadre de votre travail :

	Nb de fois Dernière année	Nb de fois en carrière							
8.			Se faire lancer des objets divers	N/A	1	2	3	4	5
9.			Se faire lancer des excréments ou des liquides biologiques (urine, crachat, sang)	N/A	1	2	3	4	5
10.			Être en contact avec une mare de sang	N/A	1	2	3	4	5
11.			Être menacé avec un couteau, une arme artisanale ou un objet contondant sans que l'attaque n'ait lieu	N/A	1	2	3	4	5
12.			Être attaqué par un détenu sans arme (se rouler)	N/A	1	2	3	4	5
13.			Être attaqué au couteau, à l'arme artisanale ou avec un objet contondant	N/A	1	2	3	4	5
14.			Être victime d'une voie de fait nécessitant une hospitalisation ou un congé	N/A	1	2	3	4	5
15.			Être séquestré par un ou plusieurs détenus	N/A	1	2	3	4	5
16.			Être victime d'une tentative de meurtre	N/A	1	2	3	4	5
17.			Avoir utilisé une arme à feu pour vous défendre	N/A	1	2	3	4	5

Un incident critique

Parmi les différents événements violents décrits à la section précédente et que vous avez vécus, choisissez celui qui a été **le plus traumatisant** pour vous. Si vous n'avez vécu aucun des événements décrits, choisissez celui qui a été **le plus stressant ou traumatisant** de votre vie, par exemple un accident d'automobile.

Voici une liste de difficultés que les gens éprouvent parfois à la suite de ce type d'événement. Encercler le chiffre qui correspond à l'intensité avec laquelle vous avez été affecté(e) par ces difficultés **au cours du dernier mois** en rapport avec cet événement.

Pas du tout	Un peu	Moyennement	Très	Extrêmement
1	2	3	4	5

Au cours du dernier mois,

1. Tout rappel de l'événement ravivait mes sentiments en rapport avec celui-ci	1	2	3	4	5
2. Je me réveillais la nuit	1	2	3	4	5
3. Différentes choses m'y faisaient penser	1	2	3	4	5
4. Je me sentais irritable et en colère	1	2	3	4	5
5. Quand j'y repensais ou qu'on me le rappelait, j'évitais de me laisser bouleverser	1	2	3	4	5
6. Sans le vouloir, j'y repensais	1	2	3	4	5
7. J'avais l'impression que rien n'était vraiment arrivé ou que ce n'était pas réel	1	2	3	4	5
8. Je me suis tenu loin de ce qui m'y faisait penser	1	2	3	4	5
9. Des images de l'événement surgissaient dans ma tête	1	2	3	4	5
10. J'étais nerveux(se) et je sursautais facilement	1	2	3	4	5
11. J'essayais de ne pas y penser	1	2	3	4	5
12. J'étais conscient d'avoir encore beaucoup d'émotion à propos de l'événement, mais je n'y ai pas fait face	1	2	3	4	5
13. Mes sentiments à propos de l'événement étaient comme figés	1	2	3	4	5
14. Je me sentais et je réagissais comme si j'étais encore dans l'événement	1	2	3	4	5
15. J'avais du mal à m'endormir	1	2	3	4	5
16. J'ai ressenti des vagues de sentiments intenses à propos de l'événement	1	2	3	4	5
17. J'ai essayé de l'effacer de ma mémoire	1	2	3	4	5

Pas du tout	Un peu	Moyennement	Très	Extrêmement
1	2	3	4	5

18. J'avais du mal à me concentrer	1	2	3	4	5
19. Ce qui rappelait l'événement causait des réactions physiques telles que sueurs, difficultés à respirer, nausées ou palpitations	1	2	3	4	5
20. J'ai rêvé à l'événement	1	2	3	4	5
21. J'étais aux aguets et sur mes gardes	1	2	3	4	5
22. J'ai essayé de ne pas en parler	1	2	3	4	5

Les événements de vie traumatisants non reliés à vos fonctions

Voici une liste d'événements auxquels vous avez pu être exposés et qui ne sont pas reliés à votre emploi d'agent correctionnel. Si vous avez vécu l'événement au cours des 12 derniers mois, encerclez le chiffre qui correspond à l'intensité avec laquelle vous avez été affecté(e).

Pas vécu	Pas du tout	Un peu	Moyennement	Très	Extrêmement
N/A	1	2	3	4	5

1. Une expérience de guerre	N/A	1	2	3	4	5
2. Une catastrophe naturelle (inondation, tornade, ouragan, gros tremblement de terre)	N/A	1	2	3	4	5
3. Un accident grave qui a nécessité une hospitalisation (de voiture ou autre)	N/A	1	2	3	4	5
4. Une agression physique (attaque avec une arme à feu, un couteau ou autre, agression sexuelle)	N/A	1	2	3	4	5
5. Une situation où vous avez eu peur sérieusement d'être blessé ou tué	N/A	1	2	3	4	5
6. Une situation où vous avez vu quelqu'un être sérieusement blessé ou tué	N/A	1	2	3	4	5
7. Une autre situation traumatisante:	N/A	1	2	3	4	5

Des situations particulières

Le **harcèlement** se définit comme tout comportement inopportun et injurieux, d'une personne envers une ou d'autres personnes en milieu de travail, et dont l'auteur savait ou aurait raisonnablement dû savoir qu'un tel comportement pouvait offenser ou causer préjudice. Il comprend tout acte, propos ou exhibition qui diminue, rabaisse, humilie ou embarrasse une personne, ou tout acte d'intimidation ou de menace.

En vous basant sur cette définition, avez-vous été victime ou témoin de harcèlement au travail au cours de la dernière année ?

J'en ai déjà vécu dans le passé ☐ Oui ☐ Non Je suis témoin de harcèlement ☐ Oui ☐ Non
Je vis présentement du harcèlement ☐ Oui ☐ Non Je n'en ai jamais vécu ☐ Oui ☐ Non

Au cours des douze (12) derniers mois, encerclez le chiffre qui correspond à la fréquence avec laquelle vous avez été victime des situations suivantes dans le cadre de votre travail de la part d'une ou plusieurs personnes de chacun des trois groupes indiqués ?

Jamais	Quelques fois par année ou moins	Quelques fois par mois	Quelques fois par semaine	À tous les jours
0	1	2	3	4

	Supérieurs	Collègues	Détenus
1. On vous fait taire.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
2. On vous coupe intentionnellement la parole.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
3. On vous engueule ou on crie après vous.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
4. On vous fait des menaces verbales.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
5. On ne vous adresse pas la parole.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
6. On vous insulte ou on vous crie des noms.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
7. On met en doute le bien-fondé de vos décisions.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
8. On fait comme si vous n'existiez pas ou on vous ignore.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
9. On parle dans votre dos.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
10. On répand des rumeurs ou des ragots à votre sujet.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
11. On vous ridiculise en public.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4

Des situations particulières...suite...

Jamais	Quelques fois par année ou moins	Quelques fois par mois	Quelques fois par semaine	À tous les jours
0	1	2	3	4

	Supérieurs	Collègues	Détenus
12. On prétend que vous avez des problèmes mentaux.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
13. On attaque ou on se moque de votre vie privée.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
14. On vous fait des avances sexuelles non désirées.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
15. On vous agresse sexuellement.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
16. On vous cache volontairement de l'information de façon à vous compliquer la tâche.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
17. On fait des insinuations négatives sans rien dire directement.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
18. On vous exclut volontairement des activités sociales.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
19. On dévalue votre travail ou vos efforts.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
20. On vous fait des signes obscènes.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
21. On vous dénonce injustement.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
22. On vous bouscule physiquement pour vous intimider.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
23. On vous menace de violences physiques.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
24. On fait en sorte que vous ne puissiez pas entrer en communication avec les autres.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
25. On interdit à vos collègues de travail de vous adresser la parole.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
26. On vous fait faire des tâches qui ignorent vos capacités.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
27. On vous fait faire des travaux exigeant des qualifications supérieures aux vôtres afin de vous discréditer.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
28. On vous contraint à exécuter des tâches dégradantes.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
29. On vous donne à faire des tâches qui n'ont pas de sens.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4

Des situations particulières...suite...

Jamais	Quelques fois par année ou moins	Quelques fois par mois	Quelques fois par semaine	À tous les jours
0	1	2	3	4

30. On évalue votre travail de manière inéquitable ou d'une façon blessante.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
31. On déclenche une enquête interne à votre sujet.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4

Quel est votre degré de satisfaction par rapport aux mesures prises dans votre unité pour régler les problèmes de harcèlement?	Très insatisfait	Insatisfait	Un peu insatisfait	Un peu satisfait	Satisfait	Très satisfait
32.	1	2	3	4	5	6

Vie personnelle

À l'aide de l'échelle ci-dessous, encerclez le chiffre qui correspond à votre degré d'accord avec chacun des énoncés suivants. Vos proches représentent toute personne significative de votre vie à l'extérieur du travail tel que conjoint, enfant, ami(e) intime, etc.

Fortement en désaccord	Un peu en désaccord	Ni en accord ni en désaccord	Un peu en accord	Fortement en accord
1	2	3	4	5

1. Avec mon travail, il m'est difficile d'avoir de bonnes relations avec mes proches.	1	2	3	4	5
2. Mon travail m'empêche de passer le temps que j'aimerais avec mes proches.	1	2	3	4	5
3. À cause de mon travail, je suis souvent impatient avec mes proches.	1	2	3	4	5
4. Après le travail, je suis souvent trop fatigué pour faire des choses avec mes proches.	1	2	3	4	5
5. Je n'ai pas la vie sociale que j'aimerais à cause de mon travail.	1	2	3	4	5

Votre travail et vous

Nous pouvons avoir diverses réactions envers notre travail selon les moments. En utilisant l'échelle ci-dessous, encerclez le chiffre qui correspond à la fréquence où vous avez eu ces différentes réactions.

Jamais	Quelques fois par année ou moins	Une fois par mois ou moins	Quelques fois par mois	Une fois par semaine	Quelques fois par semaine	Chaque jour
0	1	2	3	4	5	6

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 1. Je me sens émotionnellement vidé par mon travail. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Je me sens épuisé à la fin de ma journée de travail. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Je songe à changer de type de travail. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Je me sens fatigué quand je me lève le matin et que j'ai à faire face à une autre journée de travail. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Je me sens brûlé par mon travail. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Travailler avec les détenus est vraiment une source de forte tension pour moi. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Je sens que je travaille trop fort dans mon emploi. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. Je me sens frustré par mon travail. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. Je pense à des démarches concrètes pour trouver un autre type de travail. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. Travailler en contact direct avec les détenus me stresse trop. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Je sens que je suis au bout du rouleau. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Je songe à quitter mon emploi. | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Comment réagissez-vous devant une situation stressante ?

Nous pouvons répondre de plusieurs manières lorsque nous sommes confrontés à des événements difficiles ou stressants. Veuillez indiquer, en encerclant le chiffre correspondant, ce que vous faites ou ressentez **habituellement** lors d'un événement stressant.

Jamais	Rarement	De temps en temps	Souvent	Très souvent	Tout le temps
0	1	2	3	4	5

1. Je laisse paraître mes émotions.	0	1	2	3	4	5
2. Je cesse d'essayer d'avoir ce que je veux.	0	1	2	3	4	5
3. Je fais un plan d'action.	0	1	2	3	4	5
4. J'essaie d'identifier autre chose qui me tient à cœur.	0	1	2	3	4	5
5. Je me rends compte que j'ai couru après mon problème.	0	1	2	3	4	5
6. Je cherche à demeurer positif même quand les choses vont mal.	0	1	2	3	4	5
7. J'essaie de laisser sortir mes émotions.	0	1	2	3	4	5
8. J'essaie de trouver une stratégie sur ce qui est à faire.	0	1	2	3	4	5
9. Je blâme quelqu'un ou quelque chose pour ce qui m'est arrivé.	0	1	2	3	4	5
10. Je retourne dans ma tête encore et encore ce qui me préoccupe.	0	1	2	3	4	5
11. J'accuse quelqu'un d'avoir causé mon malheur.	0	1	2	3	4	5
12. Je revis le problème en y repensant tout le temps.	0	1	2	3	4	5
13. J'agis directement pour venir à bout du problème.	0	1	2	3	4	5
14. Je prends le temps d'exprimer mes émotions.	0	1	2	3	4	5
15. Je cherche à être positif peu importe ce qui arrive.	0	1	2	3	4	5
16. Je me blâme.	0	1	2	3	4	5
17. Je fais ce qui doit être fait, une étape à la fois.	0	1	2	3	4	5
18. Je fais comme si cela n'était pas arrivé.	0	1	2	3	4	5
19. J'essaie d'être optimiste malgré ce qui est arrivé.	0	1	2	3	4	5
20. Je parle à quelqu'un de comment je me sens.	0	1	2	3	4	5
21. Je refuse de croire que ça s'est produit.	0	1	2	3	4	5
22. Je réfléchis beaucoup aux étapes à suivre.	0	1	2	3	4	5

Comment réagissez-vous devant une situation stressante ? suite...

Jamais	Rarement	De temps en temps	Souvent	Très souvent	Tout le temps
0	1	2	3	4	5
23. Je rumine mon problème sans arrêt.				0 1 2 3 4 5	
24. J'essaie de le voir sous un angle différent afin de le voir plus positivement.				0 1 2 3 4 5	
25. Je me permets de montrer comment je me sens.				0 1 2 3 4 5	
26. Je cherche ce qui est bon dans ce qui se produit.				0 1 2 3 4 5	
27. Je vois que je suis à l'origine du problème.				0 1 2 3 4 5	
28. Je prends des mesures additionnelles pour me débarrasser du problème.				0 1 2 3 4 5	
29. Je parle de mes sentiments avec quelqu'un.				0 1 2 3 4 5	
30. J'essaie d'oublier tout ça.				0 1 2 3 4 5	
31. Je concentre mes efforts à faire quelque chose à propos de la situation.				0 1 2 3 4 5	
32. Je me critique ou me sermonne.				0 1 2 3 4 5	
33. Je me dis « c'est pas vrai ».				0 1 2 3 4 5	
34. J'accepte le fait que ça soit arrivé.				0 1 2 3 4 5	
35. J'essaie de trouver un soutien émotionnel auprès d'amis ou de membres de ma famille.				0 1 2 3 4 5	
36. Je m'habitue à l'idée que ça se soit produit.				0 1 2 3 4 5	
37. Je reconnais que je ne peux gérer ça et j'abandonne.				0 1 2 3 4 5	
38. Je parle à quelqu'un pour en savoir plus sur la situation.				0 1 2 3 4 5	
39. J'essaie fortement d'empêcher d'autres choses de nuire à mes efforts pour gérer la situation.				0 1 2 3 4 5	
40. Je ne fais que penser constamment à mon problème.				0 1 2 3 4 5	

Un soutien dans les moments difficiles au travail

Dans les moments difficiles au travail, par exemple lors d'un stress élevé, d'un conflit ou d'un incident, nous nous tournons parfois vers les autres pour obtenir de l'aide ou du soutien. Pour chacun des trois groupes, encerclez le chiffre qui indique dans quelle mesure ces personnes agissent de cette façon envers vous.

Pas du tout	Un peu	Moyennement	Fortement	Exactement
1	2	3	4	5

	Au travail										Hors travail				
	Superviseur(s)					Collègue(s)					Conjoint/ Ami/Famille				
1. Ils m'aident à faire mes propres choix dans ces situations.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
2. Ils restent indifférents lorsque je lui parle de mes problèmes.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
3. Leur soutien me donne de l'énergie pour affronter la situation.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
4. Ils deviennent contrôlant quand ils m'aident.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
5. Je peux compter sur eux pour m'écouter quand j'en ai besoin.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
6. Ils critiquent la façon dont je gère la situation.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
7. Ils m'encouragent à trouver par moi-même des moyens de gérer la situation.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
8. Quand je leur parle de mes problèmes, ils deviennent impatients.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
9. Leurs commentaires sont constructifs et m'aident à mieux gérer la situation.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
10. Ils m'imposent, d'une façon subtile ou non, une façon de gérer mes réactions face à la situation.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
11. Ils sont disponibles lorsque j'ai besoin d'eux.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
12. Ils me font sentir plus incapable que je ne le suis en réalité.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
13. Ils m'encouragent à venir leur parler quand je serai prêt.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
14. Ils n'essaient pas de me comprendre.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
15. Ils m'aident à analyser mes problèmes afin de mieux les comprendre.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

Un soutien, suite...

	Au travail										Hors travail
	Superviseur(s)					Collègue(s)					Conjoint/ Ami/ Famille
16. Ils me mettent de la pression pour que je règle rapidement mon problème.	1	2	3	4	5	1	2	3	4	5	1 2 3 4 5
17. Ils me montrent leur préoccupation pour mon bien-être.	1	2	3	4	5	1	2	3	4	5	1 2 3 4 5
18. Ils me font sentir comme si j'avais perdu le contrôle.	1	2	3	4	5	1	2	3	4	5	1 2 3 4 5
19. Leur écoute me permet d'exprimer librement ce que je ressens.	1	2	3	4	5	1	2	3	4	5	1 2 3 4 5
20. Ils minimisent l'importance de mes sentiments et de mes problèmes.	1	2	3	4	5	1	2	3	4	5	1 2 3 4 5
21. Ils m'aident à avoir confiance en mes capacités à faire face à la situation.	1	2	3	4	5	1	2	3	4	5	1 2 3 4 5
22. Ils décident à ma place ce dont j'ai besoin.	1	2	3	4	5	1	2	3	4	5	1 2 3 4 5
23. Dans les moments difficiles, je sais que je peux me confier à eux.	1	2	3	4	5	1	2	3	4	5	1 2 3 4 5
24. Ils me font sentir à quel point ils sont plus habiles que moi à gérer ce type de situation.	1	2	3	4	5	1	2	3	4	5	1 2 3 4 5
25. Je sens qu'ils me jugent quand je leur parle de mes problèmes.	1	2	3	4	5	1	2	3	4	5	1 2 3 4 5
26. Ils ont tendance à me donner trop de conseils.	1	2	3	4	5	1	2	3	4	5	1 2 3 4 5

Quel est votre degré de satisfaction du soutien reçu de :

	Très insatisfait	Insatisfait	Un peu insatisfait	Ni satisfait ni insatisfait	Un peu satisfait	Satisfait	Très satisfait
1. Superviseur(s)	1	2	3	4	5	6	7
2. Collègue(s)	1	2	3	4	5	6	7
3. Conjoint/Ami/ Famille	1	2	3	4	5	6	7

Votre relation avec vos superviseurs

Voici une série de comportements que peuvent adopter les personnes impliquées dans l'évaluation des différents aspects de votre travail. Indiquez, en encerclant le chiffre correspondant, à quel point vous êtes en accord avec chacun de ces énoncés.

Fortement en désaccord	En désaccord	Légèrement en désaccord	Ni en désaccord ni en accord	Légèrement en accord	En accord	Fortement en accord					
1	2	3	4	5	6	7					
1.	Leurs commentaires à l'égard de mon travail sont constructifs et m'aident à mieux le réaliser.				1	2	3	4	5	6	7
2.	Ils surveillent trop mon rendement au travail.				1	2	3	4	5	6	7
3.	Ils agissent comme s'ils ne me connaissaient pas.				1	2	3	4	5	6	7
4.	Les commentaires qu'ils me font prennent la forme de critiques et ajoutent peu d'informations utiles.				1	2	3	4	5	6	7
5.	Ils m'imposent des objectifs de rendement sans me consulter.				1	2	3	4	5	6	7
6.	Ils me disent ce qu'ils apprécient de mon travail.				1	2	3	4	5	6	7
7.	Ils m'aident à faire des choix éclairés.				1	2	3	4	5	6	7
8.	Ils ne me parlent que de mes défauts ou de mes erreurs.				1	2	3	4	5	6	7
9.	Ils m'accordent juste assez de responsabilités.				1	2	3	4	5	6	7
10.	Ils m'imposent, de façon subtile ou non, une façon de travailler, de structurer mon temps et mes tâches.				1	2	3	4	5	6	7
11.	Ils m'évitent.				1	2	3	4	5	6	7
12.	Ils me consultent et considèrent sérieusement mes opinions dans des prises de décision qui ont un impact sur certains aspects de mon travail.				1	2	3	4	5	6	7
13.	Ils vont s'efforcer de m'aider si j'en ai besoin.				1	2	3	4	5	6	7
14.	Ils me poussent trop dans le dos.				1	2	3	4	5	6	7
15.	Leurs évaluations soulignent mes forces.				1	2	3	4	5	6	7
16.	Ils sont disponibles lorsque j'ai besoin d'eux.				1	2	3	4	5	6	7
17.	Ils m'encouragent à prendre des décisions par moi-même en ce qui a trait aux différents aspects de mes tâches.				1	2	3	4	5	6	7
18.	Ils agissent comme s'il me manquait certaines habiletés pour faire ce travail.				1	2	3	4	5	6	7
19.	Ils sont indifférents à mon égard.				1	2	3	4	5	6	7

Votre relation avec vos superviseurs suite...

Fortement en désaccord	En désaccord	Légèrement en désaccord	Ni en désaccord ni en accord	Légèrement en accord	En accord	Fortement en accord
1	2	3	4	5	6	7

20.	Ils me font sentir que je ne suis pas tellement habile dans certains aspects de mon travail.	1	2	3	4	5	6	7
21.	Ils veillent à mes intérêts.	1	2	3	4	5	6	7
22.	Ils me donnent tout le temps dont j'ai besoin sans me presser.	1	2	3	4	5	6	7
23.	Ils me font sentir que je suis important pour l'organisation.	1	2	3	4	5	6	7
24.	Ils respectent mes points de vue même s'ils sont différents des leurs.	1	2	3	4	5	6	7

Pourquoi faites-vous ce travail?

À l'aide de l'échelle ci-dessous, veuillez indiquer, en encerclant le chiffre correspondant, dans quelle mesure chacun des énoncés suivants correspond à l'une des raisons pour lesquelles vous faites votre travail présentement.

Pas du tout	Très peu	Un peu	Moyennement	Fortement	Très fortement	Exactement
1	2	3	4	5	6	7

1.	Parce que je tiens énormément à réussir dans ce travail, sinon j'aurais honte de moi.	1	2	3	4	5	6	7
2.	Je ne le sais pas, j'ai l'impression que je n'ai pas ce qu'il faut pour bien faire ce travail.	1	2	3	4	5	6	7
3.	Parce que cela me permet de faire de l'argent.	1	2	3	4	5	6	7
4.	Parce que j'ai l'impression de m'accomplir en faisant mon travail de façon bien personnelle et unique.	1	2	3	4	5	6	7
5.	Je ne sais pas, il me manque des habiletés importantes pour bien accomplir les tâches de ce travail.	1	2	3	4	5	6	7
6.	Parce que c'est le type de travail que j'ai choisi pour me permettre d'atteindre certains objectifs importants tout en respectant les autres aspects de ma vie.	1	2	3	4	5	6	7
7.	Pour le salaire.	1	2	3	4	5	6	7
8.	Je ne le sais pas, je n'arrive pas à faire correctement les tâches importantes de ce travail.	1	2	3	4	5	6	7

Pourquoi faites-vous ce travail suite...

À l'aide de l'échelle ci-dessous, veuillez indiquer, en encerclant le chiffre correspondant, dans quelle mesure chacun des énoncés suivants correspond à l'une des raisons pour lesquelles vous faites votre travail présentement.

Pas du tout	Très peu	Un peu	Moyennement	Fortement	Très fortement	Exactement
1	2	3	4	5	6	7

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 9. Parce que c'est dans ce genre de travail que je préfère poursuivre ma carrière. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. Parce que c'est le type de travail que j'ai choisi pour réaliser mes projets de carrière. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. Je ne le sais pas, on nous donne des conditions de travail irréalistes. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. Parce que j'ai souvent des choses intéressantes à apprendre dans ce travail. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. Parce que je tiens absolument à être très bon(ne) dans ce travail, sinon je serais déçu. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. Je ne le sais pas, on attend trop de nous. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. Parce que ce type de travail me procure une sécurité. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. Parce que plusieurs choses dans ce travail stimulent ma curiosité à connaître davantage | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. Parce que mon travail c'est ma vie et je ne veux pas échouer. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. Je ne le sais pas, on nous donne des conditions de travail trop difficiles. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Satisfaction globale au travail

À l'aide de l'échelle ci-dessous, indiquez à quel point les énoncés suivants correspondent à ce que vous ressentez par rapport à votre travail.

Fortement en désaccord	En désaccord	Légèrement en désaccord	Ni en désaccord ni en accord	Légèrement en accord	En accord	Fortement en accord
1	2	3	4	5	6	7

1. Les conditions dans lesquelles je fais mon travail sont excellentes.	1	2	3	4	5	6	7
2. Je suis satisfait du type de travail que je fais.	1	2	3	4	5	6	7
3. Jusqu'à maintenant, j'ai obtenu les choses importantes que je voulais retirer de mon travail.	1	2	3	4	5	6	7
4. Même si je pouvais changer quoi que ce soit à mon travail, je n'y changerais presque rien.	1	2	3	4	5	6	7

Santé mentale

Les questions suivantes portent sur divers aspects de votre santé. Indiquez à quelle fréquence au cours du **dernier mois**...

Jamais	Rarement	De temps en temps	Souvent	Très souvent	Tout le temps	
0	1	2	3	4	5	
1. Vous êtes vous senti désespéré en pensant à l'avenir ?	0	1	2	3	4	5
2. Vous êtes vous senti seul ?	0	1	2	3	4	5
3. Avez-vous eu des blancs de mémoire ?	0	1	2	3	4	5
4. Vous êtes-vous senti découragé ou avez-vous eu les "bleus"?	0	1	2	3	4	5
5. Vous êtes-vous senti tendu ou sous pression ?	0	1	2	3	4	5
6. Vous êtes-vous laissé emporter contre quelqu'un ou quelque chose ?	0	1	2	3	4	5
7. Vous êtes-vous senti ennuyé ou peu intéressé par les choses ?	0	1	2	3	4	5
8. Avez-vous ressenti des peurs ou des craintes ?	0	1	2	3	4	5
9. Avez-vous eu des difficultés à vous souvenir des choses ?	0	1	2	3	4	5
10. Avez-vous pleuré facilement ou vous êtes-vous senti sur le point de pleurer ?	0	1	2	3	4	5
11. Vous êtes-vous senti agité ou nerveux-se intérieurement ?	0	1	2	3	4	5
12. Vous êtes-vous senti négatif envers les autres ?	0	1	2	3	4	5
13. Vous-êtes-vous senti facilement contrarié ou irrité ?	0	1	2	3	4	5
14. Vous êtes-vous fâché pour des choses sans importance ?	0	1	2	3	4	5

Santé physique

Voici une liste de problème de santé. Encerclez le chiffre qui correspond à l'intensité avec laquelle vous êtes affecté(e) par chacun de ces problèmes.

Pas du tout	Un peu	Moyennement	Très	Extrêmement
1	2	3	4	5

1. Problèmes d'hypertension	1	2	3	4	5
2. Problèmes digestifs (ex. ulcères d'estomac, digestion, etc.)	1	2	3	4	5
3. Problèmes respiratoires (ex. asthme)	1	2	3	4	5
4. Problèmes dermatologiques	1	2	3	4	5
5. Problèmes de dos	1	2	3	4	5
6. Problèmes cardiovasculaires	1	2	3	4	5
7. Problèmes d'allergies	1	2	3	4	5

	Très Mauvaise	Mauvaise	Moyenne	Bonne	Très Bonne	Excellente
8. Globalement, diriez-vous que votre état de santé est...	0	1	2	3	4	5

Satisfaction de vie

À l'aide de l'échelle ci-dessous, indiquez votre degré d'accord ou de désaccord avec chacun des énoncés suivants.

Fortement en désaccord	En désaccord	Légèrement en désaccord	Ni en désaccord ni en accord	Légèrement en accord	En accord	Fortement en accord
1	2	3	4	5	6	7

1. En général, ma vie correspond de près à mes idéaux.	1	2	3	4	5	6	7
2. Mes conditions de vie sont excellentes.	1	2	3	4	5	6	7
3. Je suis satisfait de ma vie.	1	2	3	4	5	6	7

Informations socio-démographiques

1. Âge : _____ ans
2. Sexe : ☐ Féminin ☐ Masculin
3. Êtes-vous membre d'une minorité visible ?
☐ Non ☐ Oui
4. Êtes-vous un(e) Autochtone ?
☐ Non ☐ Oui
5. État civil :
☐ Célibataire
☐ Marié(e) /Conjoint(e) de fait
☐ Veuf(ve)
☐ Séparé(e)
☐ Divorcé(e)
6. Si vous avez un(une) conjoint(e), est-ce qu'il(elle) travaille?
☐ Non ☐ Oui ☐ Temps plein
☐ Temps partiel _____ hrs/semaine
7. Nombre d'enfants à votre charge: _____
8. Diplôme complété :
9. Votre catégorie d'emploi : ☐ AC-1
☐ AC-2
10. Depuis combien de temps travaillez-vous pour le SCC ? _____ années _____ mois
11. Depuis combien de temps occupez-vous votre poste actuel ? _____ années _____ mois
12. Avez-vous travaillé dans un autre pénitencier durant plus d'un mois cours de la dernière année ?
☐ Non ☐ Oui Lequel ? _____
13. Combien de jours de maladie avez-vous utilisés au cours de la dernière année ?
_____ jour(s)

14. Combien d'heures régulières travaillez-vous habituellement par semaine? _____ heures

15. Combien d'heures de surtemps travaillez-vous habituellement par semaine? _____ heures

16a. Votre horaire de travail est...

- ☐ de huit heures
☐ de douze heures

16b. Quelle est votre rotation habituelle ? Cochez tout ce qui s'applique

- | | |
|--|--|
| <input type="checkbox"/> de jour permanent | <input type="checkbox"/> de jour-soir |
| <input type="checkbox"/> de soir permanent | <input type="checkbox"/> de soir-nuit |
| <input type="checkbox"/> de nuit permanent | <input type="checkbox"/> de jour-nuit |
| <input type="checkbox"/> tous les week-end | <input type="checkbox"/> de jour-soir-nuit |
| | <input type="checkbox"/> de nuit-soir-jour |
| <input type="checkbox"/> autres _____ | |

16c. Depuis combien de temps travaillez-vous selon l'horaire que vous avez indiqué ci-haut ? mois _____ années _____

17. À quel pénitencier travaillez-vous présentement ?

- | | |
|---|--|
| <input type="checkbox"/> Archambault | <input type="checkbox"/> Joliette |
| <input type="checkbox"/> Centre fédéral de formation | <input type="checkbox"/> Leclerc |
| <input type="checkbox"/> Centre régional de réception | <input type="checkbox"/> La Macaza |
| <input type="checkbox"/> Cowansville | <input type="checkbox"/> Montée Saint-François |
| <input type="checkbox"/> Donnacona | <input type="checkbox"/> Port-Cartier |
| <input type="checkbox"/> Drummond | <input type="checkbox"/> Sainte-Anne-des-Plaines |

Avez-vous des commentaires et/ou suggestions sur ce sondage? Souvenez-vous de ne pas nommer de personnes afin de préserver l'anonymat de vos réponses. Si vous devez le faire, utilisez leur titre ou fonction.

Merci encore de votre collaboration

APPENDIX B

ARTICLE 2 QUESTIONNAIRE

CONSENTEMENT

Je déclare que j'accepte de participer à une étude effectuée par Alexandra Van Veeren du Département de Psychologie de l'Université du Québec à Montréal (van_veeren.alexandra@courrier.uqam.ca), pour son projet de thèse, sous la supervision du Dr. Marc Blais (professeur au département de psychologie à l'UQAM).

A. BUT

Le but de cette recherche est d'étudier la qualité de soutien sur la résilience au stress, l'épuisement, et le bien-être des policiers.

B. PROCÉDURES

On me demandera de répondre à un questionnaire qui prend environ 15 minutes à compléter. Les questions concernent le soutien au travail, les styles de supervision, la motivation (pourquoi faites-vous ce travail), les irritants au travail, et le bien-être. Ma participation dans cette étude et l'information que j'ai fournie seront maintenues strictement confidentielles. Si les résultats de cette étude sont publiés, les résultats seront présentés en format de groupe pour préserver la confidentialité de ma participation dans l'étude. De plus, aucune institution, équipe, groupe ou personne ne sera identifié. Les questionnaires doivent être conservés pour une période de 5 ans après la fin de l'étude mais ils seront détruits après cette période. Je peux contacter Dr. Marc Blais (514-985-4031, blaism@cirano.qc.ca) pour toutes questions concernant les responsabilités des chercheurs ou pour formuler une plainte.

C. CONDITIONS DE PARTICIPATION

- Je suis libre de refuser de participer à l'expérience sans conséquences négatives.
- Je suis libre de retirer mon consentement et de me retirer de l'étude à tout moment sans conséquences négatives.
- Ma participation à cette étude est confidentielle.
- Les données de cette étude peuvent être publiées.
- Je comprends le but de cette étude.

***J'AI SOIGNEUSEMENT ÉTUDIÉ CE QUI PRÉCÈDE ET COMPRENDS CET ACCORD.
JE CONSENS LIBREMENT ET ACCEPTE DE PARTICIPER À CETTE ÉTUDE.***

☐ Oui

☐ Non

SIGNATURE: _____ DATE: _____

Irritants au travail...

Dites à quel point les items ci-dessous ont été des irritants pour vous au travail depuis les 10 derniers quarts de travail. Par irritant on veut dire des événements qui vous ont frustré, énervé etc.

Pas de tout irritant		Modérément irritant				Extrêmement irritant			
0		1	2	3	4	5	6		
1.	Problèmes avec un/des partenaire(s) ou des membres de l'équipe	0	1	2	3	4	5	6	
2.	Menaces à votre sécurité et à la sécurité d'autres personnes	0	1	2	3	4	5	6	
3.	Souvenirs d'appels passés qui ont été particulièrement dérangeants	0	1	2	3	4	5	6	
4.	Conflit/problèmes avec des supérieur(s)	0	1	2	3	4	5	6	
5.	Problèmes avec ou lié à l'administration	0	1	2	3	4	5	6	
6.	Attentes trop élevées des supérieurs immédiats	0	1	2	3	4	5	6	
7.	Manque de pouvoir décisionnel	0	1	2	3	4	5	6	
8.	Inquiétudes concernant mes capacités	0	1	2	3	4	5	6	
9.	Incapacité de sauver ou aider des victimes dans certaines situations	0	1	2	3	4	5	6	
10.	Inquiétudes concernant la compétence de mon partenaire/l'équipe quand nous répondons aux appels	0	1	2	3	4	5	6	
11.	Avoir à vivre les effets négatifs du stress sur mes collègues	0	1	2	3	4	5	6	
12.	Problèmes avec l'équipement et/ou les locaux	0	1	2	3	4	5	6	
13.	Changements rapides entre des activités ennuyeuses et des activités à haut risque	0	1	2	3	4	5	6	
14.	Les tâches quotidiennes que je n'aime pas faire	0	1	2	3	4	5	6	
15.	Habitudes alimentaires malsaines <i>p. ex.: sauter des repas, manger trop vite, horaires des repas irréguliers</i>	0	1	2	3	4	5	6	
16.	Mauvaise qualité de sommeil	0	1	2	3	4	5	6	
17.	Coupures dans les ressources <i>p. ex.: personnel, budget, équipement</i>	0	1	2	3	4	5	6	
18.	Fusions	0	1	2	3	4	5	6	
19.	Inquiétudes concernant mon salaire et/ou la sécurité de mon emploi	0	1	2	3	4	5	6	

Irritants au travail suite...

Pas de tout irritant		Modérément irritant				Extrêmement irritant					
0	1	2	3	4	5	6					
20.	Contraintes financières dues à mon salaire				0	1	2	3	4	5	6
21.	Discrimination ou harcèlement				0	1	2	3	4	5	6
22.	Voir la misère et la souffrance d'autres personnes				0	1	2	3	4	5	6
23.	Annoncer de mauvaises nouvelles relatives aux victimes				0	1	2	3	4	5	6
24.	Interaction avec des personnes violentes et/ou dangereuses				0	1	2	3	4	5	6
25.	Appréhensions concernant le comportement des autres conducteurs et/ou la congestion				0	1	2	3	4	5	6
26.	Sentiment d'être à part de la famille à cause de la nature et des exigences du travail				0	1	2	3	4	5	6
27.	Stress dû à des problèmes familiaux				0	1	2	3	4	5	6
28.	Quarts de travail qui interfèrent avec d'autres activités				0	1	2	3	4	5	6
29.	Interférence de la part d'autres personnes en dehors du service (gouvernement, public, citoyens)				0	1	2	3	4	5	6
30.	Attention médiatique négative				0	1	2	3	4	5	6
31.	Obligation de mon milieu de travail de refouler mes sentiments				0	1	2	3	4	5	6
32.	Ne pas sentir libre d'exprimer mes émotions à certains moments				0	1	2	3	4	5	6
33.	Devoir se conformer aux pressions de mes collègues				0	1	2	3	4	5	6
34.	Devoir se conformer aux pressions de mon (mes) supérieur(s)				0	1	2	3	4	5	6
35.	Relations avec le public <i>p. ex.: avoir à montrer de l'intérêt pour les autres, gérer les problèmes des autres, être responsable des autres, plaintes du public</i>				0	1	2	3	4	5	6
36.	Fausses alarmes / mauvaises blagues				0	1	2	3	4	5	6

Pourquoi faites-vous ce travail...

À l'aide de l'échelle ci-dessous, veuillez indiquer dans quelle mesure chacun des énoncés suivants correspond actuellement à l'une des raisons pour lesquelles vous faites ce travail.

	Pas de tout	Très peu	Un peu	Modérément	Fortement	Très fortement	Exactement
	1	2	3	4	5	6	7
1. Parce que je tiens énormément à réussir dans ce travail, sinon j'aurais honte de moi.	1	2	3	4	5	6	7
2. Je ne le sais pas, j'ai l'impression que je n'ai pas ce qu'il faut pour bien faire ce travail.	1	2	3	4	5	6	7
3. Parce que cela me permet de faire de l'argent.	1	2	3	4	5	6	7
4. Parce que j'ai l'impression de m'accomplir en faisant mon travail de façon bien personnelle et unique.	1	2	3	4	5	6	7
5. Je ne sais pas, il me manque des habiletés importantes pour bien accomplir les tâches de ce travail.	1	2	3	4	5	6	7
6. Parce que c'est le type de travail que j'ai choisi pour me permettre d'atteindre certains objectifs importants tout en respectant les autres aspects de ma vie.	1	2	3	4	5	6	7
7. Pour le salaire.	1	2	3	4	5	6	7
8. Je ne le sais pas, je n'arrive pas à faire correctement les tâches importantes de ce travail.	1	2	3	4	5	6	7
9. Parce que c'est dans ce genre de travail que je préfère poursuivre ma carrière.	1	2	3	4	5	6	7
10. Parce que c'est le type de travail que j'ai choisi pour réaliser mes projets de carrière.	1	2	3	4	5	6	7
11. Je ne le sais pas, on nous donne des conditions de travail irréalistes.	1	2	3	4	5	6	7
12. Parce que j'ai souvent des choses intéressantes à apprendre dans ce travail.	1	2	3	4	5	6	7
13. Parce que je tiens absolument à être très bon(ne) dans ce travail, sinon je serais déçu(e).	1	2	3	4	5	6	7
14. Je ne le sais pas, on attend trop de nous.	1	2	3	4	5	6	7
15. Parce que ce type de travail me procure une sécurité.	1	2	3	4	5	6	7
16. Parce que plusieurs choses dans ce travail stimulent ma curiosité à connaître davantage.	1	2	3	4	5	6	7
17. Parce que mon travail c'est ma vie et je ne veux pas échouer.	1	2	3	4	5	6	7
18. Je ne le sais pas, on nous donne des conditions de travail trop difficiles.	1	2	3	4	5	6	7

Style de supervision...

Voici une série de comportements que peuvent adopter les personnes impliquées dans l'évaluation des différents aspects de votre travail. Indiquez, en encerclant le chiffre correspondant, à quel point vous êtes en accord avec chacun de ces énoncés.

	Pas de tout en accord	Très peu en accord	Un peu en accord	Moyennement en accord	Assez en accord	Fortement en accord	Très fortement en accord
	1	2	3	4	5	6	7
1. Ses commentaires à l'égard de mon travail sont constructifs et m'aident à mieux le réaliser.	1	2	3	4	5	6	7
2. Il surveille trop mon rendement au travail.	1	2	3	4	5	6	7
3. Il agit comme s'il ne me connaissait pas.	1	2	3	4	5	6	7
4. Les commentaires qu'il me fait prennent la forme de critiques et ajoutent peu d'informations utiles.	1	2	3	4	5	6	7
5. Il m'impose des objectifs de rendement sans me consulter.	1	2	3	4	5	6	7
6. Il me dit ce qu'il apprécie de mon travail.	1	2	3	4	5	6	7
7. Il m'aide à faire des choix éclairés.	1	2	3	4	5	6	7
8. Il ne me parle que de mes défauts ou de mes erreurs.	1	2	3	4	5	6	7
9. Il m'accorde juste assez de responsabilités.	1	2	3	4	5	6	7
10. Il m'impose, de façon subtile ou non, une façon de travailler, de structurer mon temps et mes tâches.	1	2	3	4	5	6	7
11. Il m'évite.	1	2	3	4	5	6	7
12. Il me consulte et considère sérieusement mes opinions dans des prises de décision qui ont un impact sur certains aspects de mon travail.	1	2	3	4	5	6	7
13. Il va s'efforcer de m'aider si j'en ai besoin.	1	2	3	4	5	6	7
14. Il me pousse à en faire trop.	1	2	3	4	5	6	7
15. Ses évaluations soulignent mes forces.	1	2	3	4	5	6	7
16. Il est disponible lorsque j'ai besoin de lui.	1	2	3	4	5	6	7
17. Il respecte mes choix en ce qui a trait aux différents aspects de mes tâches.	1	2	3	4	5	6	7
18. Il me dévalorise professionnellement par ses agissements.	1	2	3	4	5	6	7

Styles de supervision suite...

Pas de tout en accord	Très peu en accord	Un peu en accord	Moyennement en accord	Assez en accord	Fortement en accord	Très fortement en accord					
1	2	3	4	5	6	7					
<hr/>											
19.	Il est indifférent à mon égard.				1	2	3	4	5	6	7
20.	Il me fait sentir que je ne suis pas tellement habile dans certains aspects de mon travail.				1	2	3	4	5	6	7
21.	Il veille à mes intérêts.				1	2	3	4	5	6	7
22.	Il me donne tout le temps dont j'ai besoin sans me presser.				1	2	3	4	5	6	7
23.	Il me fait sentir que je suis important(e) pour l'organisation.				1	2	3	4	5	6	7
24.	Il respecte mes points de vue même s'ils sont différents de ses points de vue.				1	2	3	4	5	6	7

Bien-être

À l'aide de l'échelle de l'échelle ci-dessous, veuillez indiquer votre degré d'accord ou de désaccord avec chacun des énoncés, en encerclant le chiffre approprié à la droite des énoncés.

Fortement en désaccord	En désaccord	Légèrement en désaccord	Ni en désaccord ni en accord	Légèrement en accord	En accord	Fortement en accord					
1	2	3	4	5	6	7					
1.	Les conditions dans lesquelles je fais mon travail sont excellentes.				1	2	3	4	5	6	7
2.	Je suis satisfait(e) du type de travail que je fais.				1	2	3	4	5	6	7
3.	Jusqu'à maintenant, j'ai obtenu les choses importantes que je voulais retirées de mon travail.				1	2	3	4	5	6	7
4.	Même si je pouvais changer quoi que ce soit à mon travail, je n'y changerais presque rien.				1	2	3	4	5	6	7

Bien-être suite...

En utilisant l'échelle ci-dessous, indiquez à quelle fréquence vous avez eu ces différentes réactions face à votre travail.

	Jamais 0	Quelques fois par année ou moins 1	Une fois par mois ou moins 2	Quelques fois par mois 3	Une fois par semaine 4	Quelques fois par semaine 5	Chaque jour 6
1. Je me sens émotionnellement vidé(e) par mon travail.	0	1	2	3	4	5	6
2. Je me sens épuisé(e) à la fin de ma journée de travail.	0	1	2	3	4	5	6
3. Je me sens fatigué(e) quand je me lève le matin et que j'ai à faire face à une autre journée de travail.	0	1	2	3	4	5	6
4. Travailler avec les gens tous les jours est vraiment une source de tension pour moi.	0	1	2	3	4	5	6
5. Je me sens brûlé(e) par mon travail.	0	1	2	3	4	5	6
6. Je me sens frustré(e) par mon travail.	0	1	2	3	4	5	6
7. Je sens que je travaille trop fort dans mon emploi.	0	1	2	3	4	5	6
8. Travailler en contact direct avec les gens m'apporte un trop grand stress.	0	1	2	3	4	5	6
9. Je sens que je suis au bout de mon rouleau.	0	1	2	3	4	5	6

Bien-être suite...

Pouvez-vous nous dire avec quelle fréquence au cours de la dernière semaine...

	Jamais 1	De temps en temps 2	Assez souvent 3	Très souvent 4
1. Vous êtes-vous senti-e seul-e?			1	2 3 4
2. Avez-vous eu des trous de mémoire?			1	2 3 4
3. Vous êtes-vous senti-e découragé-e ou avez-vous eu les "bleus"?			1	2 3 4
4. Vous êtes-vous senti-e tendu-e ou sous pression?			1	2 3 4
5. Vous êtes-vous laissé-e emporter contre quelqu'un ou quelque chose?			1	2 3 4
6. Vous êtes-vous senti-e ennuyé-e ou peu intéressé-e par les choses?			1	2 3 4
7. Avez-vous ressenti des peurs ou des craintes?			1	2 3 4
8. Avez-vous eu des difficultés à vous souvenir des choses?			1	2 3 4
9. Avez-vous pleuré facilement ou vous êtes vous senti-e sur le point de pleurer?			1	2 3 4
10. Vous êtes-vous senti-e agité-e ou nerveux-se intérieurement?			1	2 3 4
11. Avez-vous été négatif-ve dans votre critique des autres?			1	2 3 4
12. Vous êtes-vous senti-e facilement contrarié-e ou irrité-e?			1	2 3 4
13. Vous êtes-vous fâché-e pour des choses pas trop importantes?			1	2 3 4
14. Vous êtes-vous senti-e désespéré-e en pensant à l'avenir?			1	2 3 4

Soutien au travail...

Dans les moments difficiles au travail, par exemple lors d'un stress élevé, d'un conflit ou d'un incident, nous nous tournons parfois vers les autres pour obtenir de l'aide ou du soutien. Pour chacun des sources de soutien, encerclez le chiffre qui indique dans quelle mesure ces personnes agissent de cette façon envers vous.

	Pas du tout 1	Un peu 2	Moyennement 3	Fortement 4	Exactement 5
	Superviseur				
1. Il m'aide à faire mes propres choix dans ces situations.	1	2	3	4	5
2. Il reste indifférent lorsque je lui parle de mes problèmes.	1	2	3	4	5
3. Son soutien me donne de l'énergie pour affronter la situation.	1	2	3	4	5
4. Il devient contrôlant quand il m'aide	1	2	3	4	5
5. Je peux compter sur son écoute lorsque j'en ai besoin.	1	2	3	4	5
6. Il critique la façon dont je gère la situation.	1	2	3	4	5
7. Il m'encourage à trouver par moi-même des moyens pour gérer la situation.	1	2	3	4	5
8. Quand je lui parle de mes problèmes, il devient impatient.	1	2	3	4	5
9. Ses commentaires sont constructifs et m'aident à mieux gérer la situation.	1	2	3	4	5
10. Il m'impose, d'une façon subtile ou non, une façon de gérer mes réactions face à la situation.	1	2	3	4	5
11. Il est disponible lorsque j'ai besoin de lui.	1	2	3	4	5
12. Il me fait sentir plus incompetent que je ne le suis en réalité.	1	2	3	4	5
13. Il m'encourage à venir lui parler quand je serai prêt à le faire.	1	2	3	4	5
14. Il n'essaie pas de me comprendre.	1	2	3	4	5
15. Il m'aide à analyser mes problèmes afin de mieux les comprendre.	1	2	3	4	5

Sociodémographiques...**1. Votre age****2. Votre sexe**☐ Féminin☐ Masculin**3. Langue parlée à la maison**☐ Français☐ Anglais☐ Autre S.V.P. spécifiez**4. Scolarité complétée**☐ Primaire☐ Universitaire (bacc.)☐ École de formation
spécialisée☐ Secondaire☐ Universitaire (maîtrise)☐ Collégiale☐ Universitaire (doctorat)☐ Autre S.V.P. spécifiez**Informations additionnelles concernant votre travail...**

Cette information est très importante pour des fins d'analyses statistiques. Nous vous assure que si, de quelque façon que ce soit, ce renseignement peut permettre l'identification de l'individu, il ne sera pas présenté dans les rapports

1. Vous travaillez dans quelle région/ville..**2. Titre de votre poste****3. Statut**☐ Temps plein☐ Temps partiel

4. Statut suite...☐ Permanent☐ Régulier☐ Autre S.V.P. précisez☐ Temporaire☐ Contractuel**Sociodémographiques suite...****5. Temps...**

Depuis combien de temps (années ou mois)
travaillez-vous? (précisez s'il s'agit d'années ou
de mois)

Depuis combien de temps (années ou mois)
travaillez-vous dans le milieu de secours?
(précisez s'il s'agit d'années ou de mois)

Depuis combien de temps (années ou mois) êtes-
vous attaché(e) à votre station/caserne/poste
principale? (précisez s'il s'agit d'années ou de
mois)

6. Superviseur(s) et collègues

Qui est votre superviseur immédiat? (précisez leur
rang)

Depuis combien de temps travaillez-vous avec votre
superviseur immédiat? (précisez s'il s'agit d'années ou
de mois)

Depuis combien de temps travaillez-vous avec votre
équipe/partenaire? (précisez s'il s'agit d'années ou de
mois)

7. Heures

Nombre d'heures de travail par jour sur semaine?

Nombre d'heures de loisir par jour sur semaine?

Nombre d'heures de travail par jour en fin de semaine?

Nombre d'heures de loisir par jour en fin de semaine?

*Sociodémographiques suite...***8. Soutien...**

En pensant aux moments difficiles au travail (ou est-ce que vous étiez « stresser » ou même traumatiser), pourriez-vous nous donner des exemples des comportements de soutien que vous avez trouvés particulièrement aidant et des comportements que vous avez trouvés particulièrement inutile?

9. Emploi

Avez-vous des commentaires à ajouter concernant votre emploi?

10. Questionnaire

Avez-vous des commentaires par rapport à ce questionnaire?

Merci beaucoup pour votre temps et votre aide.

APPENDIX C

ARTICLE SUBMISSION CONFIRMATION

Manuscript Submitted

Page 1 of 1

Journal of Occupational Health Psychology

Manuscript Submission Portal

Manuscript: Need based social support: Exploring the bright and dark side of social support for employees

Dr. Van Veen:

Your manuscript has been sent to the editorial office. The manuscript coordinator will send an electronic confirmation, with your manuscript number, when the manuscript file is formally opened in the editorial office.

Journal of Occupational Health Psychology

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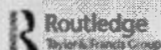
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Manuscript ID: TWST-2012-0119

Title: On the Relationships Between Need Based Social Support, Leadership and Occupational Health in Police Officers

Authors: Van Veeren, Alexandra
Blais, Marc

Date Submitted: 26-Jul-2012

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